ANNUAL REPORT

ON THE

HEALTH

OF THE

CITY OF SHEFFIELD

1969

CLIFFORD H. SHAW, M.D., D.P.H., D.P.A.
Medical Officer of Health

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PRINCIPAL CONTENTS

APPENDIX

CITY OF SHEFFIELD

HEALTH AND WELFARE COMMITTEE

as at 31st December, 1969

THE LORD MAYOR
(Alderman D. J. O'NEILL, J.P.)

Chairman: Alderman Mrs. P. SHEARD, B.A., J.P.

Deputy-Chairman: Councillor F. STATON

Alderman	H. MERCER	Councillor	Mrs. J. M. GRINDROD
,,	Mrs. F. ROEBUCK, J.P.	,,	F. R. HATTERSLEY
,,	Mrs. M. STRAFFORD	,,	Mrs. M. C. P. JACKSON
Councillor	G. ARMITAGE	,,	Mrs. M. KERTON
,,	W. G. BLAKE, J.P.	,,	C. W. KNOWLES
,,	Mrs. C. DODSON	,,	M. H. MOORE, Dip.Com.(R.S.A.)
,,	N. ELDRED	,,	A. C. P. MORRIS
,,	D. W. GEORGE	,,	Mrs. E. RICHARDSON
,,	Mrs. W. M. GOLDING		

REPRESENTATIVES ON OTHER BODIES, Etc.

Joint Committee—Welfare of the Blind Department and Royal Sheffield Institution

Alderman E. SCOTT — Councillor F. STATON

Councillor Mrs. M. KERTON

North Eastern Federation of Members of the Queen's Institute of District Nursing

Councillor C. W. KNOWLES — Councillor M. H. MOORE, Dip.Com.(R.S.A.)

Sheffield and District Clean Air Committee

Alderman	Mrs. P. SHEARD, B.A., J.P.	Councillor	M. H. MOORE, Dip.Com.(R.S.A.)
Councillor	W. G. BLAKE, J.P.	,,	F. STATON
,,	Mrs. W. M. GOLDING	,,	G. WRAGG, J.P.

REPRESENTATIVES OF LOCAL HEALTH AUTHORITY ON OTHER BODIES

National Health Service Act, 1946—Executive Council for the City of Sheffield

Alderman	Mrs. P. SHEARD, B.A., J.P.	Councillor	Mrs. W. M. GOLDING
Councillor	G. ARMITAGE	,,	Mrs. J. M. GRINDROD
,,	W. G. BLAKE, J.P.	,,	C. W. KNOWLES
,,	Mrs. C. DODSON	,,	M. H. MOORE, Dip.Com.(R.S.A.)

GENERAL STATISTICS

AREA (At 31st December, 1969)	(acres) 45,363
POPULATION—Census 1966 (Sample)	482,540
Estimate of Registrar General—Home population year 1969	528,860
APPROXIMATE NUMBER OF HOUSES (at 31st December, 1969)	186,179
RATEABLE VALUE (1st October, 1969)	£24,184,773
SUM REPRESENTED BY A PENNY RATE (Year 1969-70)	£97,852

EXTRACTS FROM VITAL STATISTICS OF THE YEAR 1969

LIVE BIRTHS—

	Males	Females	Total		
Legitimate	3,975	3,763	7,738		
Illegitimate	385	342	727	Birth Rate *per* 1,000 *of population* ...	16·0
Totals	4,360	4,105	8,465		

Illegitimate live births per cent. of total live births ... ... 9·0

STILLBIRTHS	61	40	101	Rate *per* 1,000 *total (live and still) births* ... 12·0
TOTAL LIVE AND STILL BIRTHS	4,421	4,145	8,566	

DEATHS OF INFANTS UNDER ONE YEAR OF AGE—

All Infants...	Deaths	140	Rate *per* 1,000 *live births* 17·0
Legitimate Infants	Deaths	114	Rate *per* 1,000 *legitimate live births* ... ... 15·0
Illegitimate Infants	Deaths	26	Rate *per* 1,000 *illegitimate live births* ... ... 36·0
Neonatal Mortality (first four weeks)	Deaths	91	Rate *per* 1,000 *live births* 11·0
Early Neonatal Mortality (under 1 week)	Deaths	77	Rate *per* 1,000 *live births* 9·0
Perinatal Mortality (stillbirths and deaths under 1 week)	Deaths	178	Rate *per* 1,000 *total (live and still) births* ... 21·0

MATERNAL MORTALITY

Puerperal Sepsis and Abortion	Deaths	—	Rate *per* 1,000 ... ... —
Other Maternal Mortality	Deaths	2	*total (live and* ... 0·23
Total Maternal Mortality	Deaths	2	*still) births* ... ... 0·23

	Males	Females	Total	
DEATHS (All Causes) ...	3,492	3,174	6,666	Death Rate *per* 1,000 *of population* ... ... 12·6

DEATHS FROM CERTAIN CAUSES—

Tuberculosis of Respiratory System ...	Deaths	13	Rate *per* 1,000 ... ... 0·02
Other Forms of Tuberculosis	Deaths	5	*of population* ... 0·01
Cancer	Deaths	1,335	Rate *per* 1,000 *of population* ... 2·52

CITY OF SHEFFIELD

Telephone No. 26444

Public Health Department,
Town Hall Chambers,
S1 1EN.

To The Chairman and Members of the Health and Welfare Committee

The events of the year seem dwarfed against a background of impending reorganisation in the social services, and a unification of the health services projected in varying shades of green. Yet although these things seem important to those closely involved, most people care not a jot about the Os and Ms of how services are provided. They are only concerned with the range and quality of the services and the readiness with which they are made available when needed.

The amount of time spent by the health visitors with the elderly has almost doubled in the last five years and, of course, during this period an increasing number of social workers have also been recruited for work in this field. The problem of the old and infirm looms as a spectre which the health and welfare services are powerless to combat without the goodwill and material aid given by relatives, neighbours, and through voluntary associations. In some areas of the City a community spirit of self-help has existed for many years and in others it has been established more recently through active community associations. But people like to help because of a personal sense of responsibility felt for an individual and it would be unrealistic to imagine there is a large pool of untapped volunteers waiting to step forward at the first roll of the drums.

A limited, but valuable, service which has been of help to the relatives of seriously ill or dying patients has been the Night Nursing Service which each year has been extended since it was started in 1966. As winter approaches let us think of the nursing staff and their lonely vigil, and the difficulties of travelling in an often deserted and sometimes snowbound City. The wonder is how we got on without them for so many years, or how patients and relatives manage in many other parts of the country where no such service exists.

Kelvin Welfare Centre, which is the first purpose-built centre for the physically handicapped in the City, also provides for maternity and child welfare and the home help services. In some ways it is a pity that it was not also designed as a health centre, but the gestation period has been long and at the time of its conception the doctors in the area thought in terms of group practice premises rather than a health centre.

The perinatal death rate, which is a good measure of the quality of our maternity services, has been falling slowly but fairly steadily since the mid-fifties, and mirrors such factors as improvement in ante-natal care, better co-operation among the three branches of the health services, and possibly also the rising tide of hospital deliveries. The steps taken in the previous year to encourage the general practitioner to undertake the ante-natal care of his own patients, even if booked for hospital delivery, has led to a considerable reduction of mothers seen by clinic doctors. A close partnership with the midwife is necessary for some mothers require constant reminding and persuading to attend for examination and undergo the various tests designed to make pregnancy safer for mother and child. Anxiety continued to be felt, however, because, with the increasing proportion of hospital deliveries, district midwives were getting less opportunities to maintain their professional skills. *

*It has been agreed that from September 1970, midwives attending mothers admitted to the General Practitioner Unit, Nether Edge Hospital will undertake the same care as if the confinement had been at home.

Unfortunately the reason is not known why most congenital deformities occur: they are a common cause of perinatal death or, if the children survive, an important nucleus of the growing number of severely handicapped children and young adults. Fortunately one cause is known and that is maternal rubella (German measles). During the summer of 1970 the Authority took part in a trial in which vaccine was offered to 13-year old girls, and vaccine will shortly be offered to adolescent girls on a national basis. As the effect of this recently developed vaccine is not yet known on the developing foetus, it is not at present thought generally advisable to vaccinate women unless there is no risk of early pregnancy.

New patients attending local authority clinics for family planning advice increased from 1,379 in 1968 to 1,967 and it seems likely that this trend will continue. In addition, many women attend their own doctors or the clinics of the Family Planning Association. The emergence of more convenient and reliable methods of contraception may, however, lead to greater sexual freedom and consequent risk of venereal disease. Dr. Durel has maintained the pattern set by Dr. Morton in recent years and contributed an account of the work undertaken at hospital clinics, but also makes reference to the activities of the specialist health visitor and the Sheffield Health Education Service.

The special classes for adopting parents continue to be held. These, however, are only part of the much broader approach to the education of parents through mothercraft classes. The best starting place for health education is undoubtedly in the schools but the subject hovers in the limbo between Health and Education so that neither service is sure of the limit of its responsibilities.

Shortage of vaccine was a familar story during the early days of polio vaccination, but it was a serious set-back to the measles vaccination campaign when in early 1969 supplies almost petered out following withdrawal of vaccine made from the Beckenham strain. On the other hand there is now plenty of vaccine for all children who have not previously had measles. It lies in our power to prevent these periodic outbreaks, but this is only possible if about three-quarters of susceptible young children are protected. What we do not want is for outbreaks to smoulder on with the disease being contracted in later childhood or adult life. Measles vaccination is recommended for all babies at about 15 months but, for those who escape the net at this age, P.D.Q.

The Millar Working Party on ambulance training contributed a valuable Report, which should help in the evolution of the ambulance from a 'transport' to a 'care' service. For many years the personnel have been skilled exponents in the art of first-aid but we are now reaching a stage where greater knowledge is required than is covered by first-aid procedures. On the other hand there is a limit to the amount of equipment which can be carried in an ambulance, or the degree of resuscitation which it would be in the patients' interests to attempt, and it would be wise to bear in mind that in Sheffield a fully equipped hospital is never far away once the patient is in the ambulance. The service has increasingly suffered through traffic thrombosis which occurs outside the Corporation Street depot at peak periods and the new sub-station at Batemoor has already proved its value in dealing with calls from the southern part of the City. Another practical development has been the appointment of a liaison officer at the Northern General Hospital, the first of what may prove to be a series of such appointments, with a view to minimising inconvenience to the patient and ambulance time lost through uncertainties at the hospital.

The Walkley (No. 23) and Owlerton (No. 24) Smoke Control Orders became operative respectively on the 1st July and 1st December. The quotation in the Annual Report which heralded the first smoke control order in 1959 was a prayer offered by

Sir Francis Drake before the attack on Cadiz 'It is not the beginning but the continuing of same until it be throughly finished which yieldeth the true glory'. The home port is already in sight, and domestic and most industrial property in the City should be smokeless by 1973 or shortly after. It would be a great tragedy if at this late stage we were blown off course.

I should like to thank most sincerely both the Chairmen of the Health and Welfare Committee who held office during the year. My Deputy, Dr. R. Chapman, was formerly a pathologist and he has written accounts dealing with the mortuary and infectious diseases (including the epidemics which got away); he has also shared with Miss E. I. Milner and Mr. R. Michie the mantle of editor. In a long Report of this nature it would be surprising if everyone were in full agreement with all the comments and opinions expressed, but the various contributors have painted the picture as they see it—sometimes with showers as well as sunshine.

Medical Officer of Health

August, 1970.

VITAL STATISTICS

"We are none other than a moving row
Of Magic Shadow-shapes that come and go"

Omar Khayyam (Rubaiyat)

Population.—The Registrar General's estimate of the home population as at 30th June, 1969 was 528,860 and it is on this figure that the vital statistics which follow, are calculated. The estimated population for 1968 was 531,800.

Live Births.—Net live births numbered 8,465 giving a birth rate of 16.0 per 1,000 population compared with 16.7 in 1968. The provisional birth rate for England and Wales was 16.3 per 1,000 population. The following table shows the trend of the birth rate in the City during the last ten years, also the illegitimacy rates for Sheffield and England and Wales.

Year		*Total Live Births*	*Birth Rate per* 1,000 *of population*	*Illegitimate Live Births*	*Illegitimacy Rate per* 1,000 *Live Births*	
					Sheffield	*England and Wales*
	1959	7,709	15·4	377	49	51
	1960	7,829	15·7	401	51	54
	1961	8,157	16·5	434	53	59
	1962	8,612	17·4	546	63	66
	1963	8,396	17·0	559	67	69
	1964	8,400	17·1	622	74	72
	1965	8,505	17·4	683	80	77
	1966	8,291	17·0	665	80	79
	1967	8,876	17·0	753	85	84
	1968	8,874	16·7	764	86	84
Average	**1959-68**	8,365	16·7	580	69	69
	1969	8,465	16·0	727	90	80

Stillbirths.—After adjustment for inward and outward transfers, 101 stillbirths were registered, giving a stillbirth rate of 12·0 per 1,000 total births, compared with the provisional rate of 13·0 for England and Wales. In 1968 the stillbirth rate was 14.0 per 1,000 total births.

Infant Mortality.—There was a decrease in the infant mortality rate. 140 babies died under the age of one year giving a mortality rate of 17.0 as against 18.0 in 1968. Deaths of illegitimate babies showed a definite increase the rate being 36·0 per 1,000 illegitimate live births. Fluctuations in the infant mortality rate for legitimate and illegitimate babies are shown in the table which follows and the England and Wales rate for all infants is given for comparison.

Infant Mortality, Sheffield and England and Wales, 1960 to 1969

Year	*Legitimate Infants*	*Illegitimate Infants*	*All Infants*	
	Rate per 1,000 *legitimate live births*	*Rate per* 1,000 *illegitimate live births*	*Rate per* 1,000 *live births*	
			Sheffield	*England and Wales*
1960	20	25	20	22
1961	23	23	23	21
1962	20	29	20	21
1963	22	23	22	21
1964	17	29	18	20
1965	18	31	19	19
1966	21	17	21	19
1967	19	20	19	18
1968	18	14	18	18
1969	15	36	17	18

Neonatal Mortality.—There were 91 deaths of infants in the first four weeks of life resulting in a neonatal mortality rate of 11·0 per 1,000 live births, compared with 11.7 in 1968. The provisional England and Wales rate was 12·0.

Perinatal Mortality.—Stillbirths and deaths of infants under one week totalled 177 the perinatal mortality rate being 21·0 per 1,000 total births, compared with 24.2 in the previous year. The provisional England and Wales rate was 23·0 per 1,000.

Maternal Mortality.—One maternal death and one associated death were registered during the year.

Deaths.—During the year 7,265 deaths were registered and after adjustment for inward and outward transfers the net total was 6,666. The death rate from all causes was 12.6 per 1,000 population as compared with a rate of 12.5 per 1,000 in 1968. Of the total net deaths, 69.6% were of persons aged 65 years and over. The provisional England and Wales death rate for 1969 was 11.9 per 1,000 population.

A table showing the population, births and deaths and birth and death rates for Sheffield and for England and Wales in 1969 and previous years is given in the appendix, page 117.

Deaths of Sheffield residents by age groups for the decade 1960—1969 are shown below:—

Deaths by Separate Age Groups, 1960-1969

Age	1960	1961	1962	1963	1964	1965	1966	1967	1968	1969
Under 1 year	156	191	174	185	147	158	174	170	160	140
1— 4	12	23	27	46	24	27	29	24	25	21
5—14	22	23	30	30	18	17	31	27	22	22
15—24	33	44	45	48	57	40	39	46	37	45
25—44	201	228	235	220	214	192	181	173	181	208
45—64	1,450	1,598	1,604	1,529	1,554	1,447	1,473	1,488	1,605	1,592
65—74	1,553	1,757	1,659	1,660	1,617	1,631	1,654	1,553	1,777	1,862
75 and over	2,383	2,613	2,508	2,538	2,384	2,417	2,589	2,487	2,862	2,776
TOTALS	5,810	6,477	6,282	6,256	6,015	5,929	6,170	5,968	6,669	6,666

Causes of Death.—Deaths of Sheffield residents, classified according to disease, sex and age groups are given in the appendix, page 118.

Marriages.—There were 4,288 marriages during the year, the marriage rate being 16.2 (persons married per 1,000 population) compared with 16.6 in 1968.

Cremations.—There was a slight increase in the number of cremations carried out at the City Road Crematorium. These totalled 4,599 as against 4,561 in 1968. In each case the documents were examined by the Medical Officer of Health or his Deputy who are accepted referees for this purpose.

Notification of Infectious Diseases.—The following table shows the number of cases of each of the notifiable diseases by age groups:—

Cases of Infectious and Other Notifiable Diseases during the year 1969 by age groups

NOTIFIABLE DISEASE	*Number of Cases Notified*								
	At Specified Age Periods								
	Under 1 year	*1 and under 5*	*5 and under 15*	*15 and under 25*	*25 and under 35*	*35 and under 45*	*45 and under 65*	*65 and upwards*	*At all Ages*
Smallpox	—	—	—	—	—	—	—	—	—
Measles	44	427	250	13	4	2	—	—	740
Whooping Cough	5	26	12	1	1	—	—	—	45
Scarlet fever	—	74	148	20	1	2	1	—	246
Infective jaundice	1	24	133	44	19	1	13	9	244
Diphtheria	—	—	—	—	1	—	—	—	1
Typhoid fever	—	—	—	—	1	—	—	—	1
Paratyphoid fever	—	—	—	—	—	—	—	—	—
Acute Meningitis	1	2	14	12	4	2	2	—	37
Acute poliomyelitis—									
Paralytic	—	—	—	—	—	—	—	—	—
Non-paralytic	—	—	—	—	—	—	—	—	—
Ophthalmia neonatorum ...	—	—	—	—	—	—	—	—	—
Malaria	—	—	1	—	—	—	—	—	1
Dysentery	21	117	162	30	34	17	6	2	389
Acute encephalitis—									
Infective	—	—	—	—	—	—	—	—	—
Post-infectious	—	—	—	—	—	—	—	—	—
Food Poisoning	16	16	14	17	9	4	6	1	83
Tuberculosis of respiratory system	1	—	4	14	10	20	44	23	116
Other forms	—	—	2	8	8	5	5	4	32
TOTALS	89	686	740	159	92	53	77	39	1,935

Measles.—Notified cases totalled 740 during the year (see page 15).

Scarlet fever.—There was an increase in cases notified, 246 being recorded as against 171 in 1968. The condition, however, is usually mild with effective methods of treatment available, and does not present the problem of even a generation ago.

Diphtheria.—One case was notified during 1969 but not confirmed (see page 15).

Whooping Cough.—Cases notified again decreased to 45 compared with 197 in 1968, and 431 in 1967 (see page 16).

Smallpox.—No cases have been notified since 1947.

Typhoid Fever.—One case was notified during 1969 (see page 17).

Paratyphoid.—No cases were notified during 1969.

Enteritis and Diarrhoea under two years of age.—(see page 18).

Dysentery.—382 cases of the Sonne type were notified (see page 19).

Food Poisoning.—During the year 83 cases were notified compared with 98 cases in 1968. Seventy-six cases were in the salmonella group and one outbreak of Cl. welchii, details of which follow on page 20 accounted for the remainder.

Leprosy.—Two cases, one male and one female, now remain on the register (see page 21).

Acute Meningitis.—During the year 37 cases were notified and there were three deaths.

Acute Poliomyelitis.—No cases have been reported in the City since 1962.

Acute Encephalitis.—No cases were notified during 1969.

Post Infectious Encephalitis.—No cases were notified during the year.

Malaria.—One case, contracted abroad, was notified.

Infective Jaundice.—244 cases were notified and two deaths from this cause were registered; these were both adults aged 67 years and 45 years (see page 21).

Influenza.—A mild outbreak of influenza in March and April together with one of greater severity reaching its peak at the end of December, resulted in 53 deaths, giving a mortality rate of 0.10 compared with 0.039 in 1968 (see page 22).

Bronchitis and Emphysema.—Deaths, which had increased in 1968 decreased slightly to 455, the death rate being 0.86 per 1,000 population compared with 0.87 in 1968. The number of deaths and mortality rate for Sheffield residents during the decade 1959—1968 are given in the following table along with the England and Wales rates for comparison.

	Number of Deaths			*Rate per thousand population*	
Year	*M.*	*F.*	*Total*	*Sheffield*	*England and Wales*
1959	288	114	402	0·805	0·640
1960	339	99	438	0·877	0·579
1961	316	156	472	0·954	0·679
1962	360	140	500	1·009	0·713
1963	379	130	509	1·027	0·751
1964	357	134	491	1·000	0·606
1965	336	116	452	0·924	0·619
1966	347	148	495	1·017	0·663
1967	281	108	389	0·744	0·575
1968	336	126	462	0·870	Not available

Tuberculosis.—During the year there were 116 primary notifications of tuberculosis of the respiratory system, the incidence rate falling to 0.219 per 1,000 population compared with 0.298 in 1968. Notifications of other forms of tuberculosis increased slightly to 32, giving an incidence rate of 0.061 compared with 0.056 in 1968.

Deaths from tuberculosis of the respiratory system decreased to 13, the mortality rate falling to 0.025 compared with 0.033 in 1968. Three deaths from other forms of tuberculosis were registered giving a mortality rate of 0.006.

Death Rate per Thousand Population from Tuberculosis
1960-1969

	Respiratory Systems		*Other Forms*		*All Forms*	
Year	*Sheffield*	*England and Wales*	*Sheffield*	*England and Wales*	*Sheffield*	*England and Wales*
1960	0·108	0·068	0·002	0·007	0·110	0·075
1961	0·085	0·065	0·006	0·007	0·091	0·072
1962	0·111	0·059	0·012	0·007	0·123	0·066
1963	0·073	0·056	0·012	0·007	0·085	0·063
1964	0·081	0·047	0·004	0·006	0·085	0·053
1965	0·047	0·042	0·010	0·006	0·057	0·048
1966	0·073	0·043	0·002	0·005	0·076	0·048
1967	0·024	0·037	—	0·005	0·024	0·042
1968	0·033	0·030	—	0·013	0·033	0·043
1969	0·025	0·022	0·006	0·015	0·030	0·037

Cancer.—Total deaths from this cause numbered 1,335; of these 764 were males and 571 were females. The mortality rate from all forms remained at the 1968 level of 2.52.

Cancer of the lung and bronchus, the true price of the cigarette, accounted for 416 deaths (367 males and 49 females), the mortality rate being 0.787 compared with 0.748 in 1968. Prevention of cancer of the lung, so well within our compass, would halve the deaths in males due to cancer. Comparisons of the Sheffield and England and Wales rates for the years 1960-1969 follow:—

Cancer of the Lung, Bronchus

Year	*Number of Deaths*	*Rate per thousand population*	
	Sheffield	*Sheffield*	*England and Wales*
1960	280	0·560	0·481
1961	325	0·657	0·494
1962	326	0·658	0·510
1963	303	0·611	0·519
1964	313	0·637	0·535
1965	340	0·695	0·553
1966	343	0·705	0·562
1967	365	0·698	0·584
1968	398	0·748	0·593
1969	416	0·787	0·610

INFECTIOUS DISEASES

By Roger Chapman, M.B., Ch.B., D.P.H.
Deputy Medical Officer of Health

"A good scare is worth more to a man than good advice"
E. W. Howe

Measles.—Only 740 cases were recorded during the year, compared with 5,174 in 1968 and there were no deaths. The programme of measles vaccination was interrupted in March when stocks of vaccine from one manufacturer were recalled by the Department of Health and Social Security following reports of three cases of clinical encephalitis in young children, about a week after immunisation. The vaccine remained in short supply and only susceptible children between their fourth and seventh birthdays or other children considered to be at special risk could be offered vaccination. It is of course recognised that the use of live attenuated vaccines carries a certain degree of risk by virtue of the delicate balance which must be achieved between safety and efficacy. Encephalitis, however, is a well known complication of natural measles and may be associated with, rather than causally related to the vaccination. Long term surveillance with reassessment and evaluation of immunity achieved is needed in any vaccination programme and this is being carried out by the Department of Health and Social Security.

It must not be forgotten that measles is still a serious illness for some children, complications including pneumonia, bronchitis, otitis media and neurological disturbances. The picture of a hypersensitive severely subnormal child resulting from measles encephalitis is difficult to erase from the memory of a sympathetic observer, and he could be forgiven some bias in favour of the use of an effective safe vaccine to eradicate such an illness. The end result in such a case is painfully obvious, but as yet we know little of the long term effect on behaviour, learning ability or emotional stability of the children affected.

Material benefits of vaccination, however, have been amply demonstrated by the U.S. National Communicable Disease Centre survey through savings in the cost of treatment, lost school days, morbidity and mortality, and these can be duplicated in this country if vaccination is stepped up sufficiently to reduce susceptibles below the level needed for epidemic spread. The rising number of cases in 1970 should serve as a timely warning against advocates of non-vaccination. Half-hearted acceptance by the community will result in unprotected children continuing to catch measles, although possibly at a later age. If we are to achieve the full potential of the vaccination programme, we must convince the sceptical, cautious practitioner and the complacent mother who finds a ready excuse for non-participation.

Diphtheria.—There were no cases of confirmed diphtheria notified in 1969. This satisfactory state of affairs is determined mainly by the immune status we preserve in our infants, which in turn reflects creditably on the responsible acceptance by the majority of mothers of the triple or alternative protection against this killer diesase.

However, a case clinically compatible with a post diphtheritic neuritis merits detailed description.

On the 10th November, a man aged 28 years, a professional golfer was admitted to the Lodge Moor Infectious Diseases Unit, with the signs and symptoms of a type of peripheral neuritis classically associated with the post diphtheritic state. A retrospective enquiry revealed that he had suffered an illness, six weeks earlier, while in Switzerland, which had necessitated him being hospitalised. At that time he had a sore throat and developed oedema of the pharynx and was told that investigations had been carried out to exclude diphtheria. He received some therapy which on later enquiry proved to be an antibiotic and attempted aspiration of the faucial swelling, but after

a week took his own discharge against advice and returned to his hotel. Shortly after this he developed nasal intonation and liquids came down his nose. He returned home by air on October 11th and on October 20th experienced parasthesia of the fingers and toes, difficulty reading, and was referred by his general practitioner to a E.N.T. specialist who in turn referred him to a neurologist. Prior to his illness he had moved around the area and eaten in various small townships on the perimeter of Zurich. At that time several cases of diphtheria had been notified in the World Health Organisation Epidemiological Bulletin from this area, but none of the patient's close contacts had been ill. He had never received immunisation against diphtheria. All immediate, intimate contacts after his return from Switzerland, in this country were traced and three consecutive throat and nasal swabs were taken from each at twenty-four hour intervals. The children of the family were kept off school until freedom from infectivity could be determined. The general practitioner was informed and after consultation with the physician in charge of the Infectious Diseases Unit at Lodge Moor Hospital it was agreed that all the immediate contacts should be asked to remain off work until they too could be cleared. All these swabs subsequently proved negative. The patient himself was subjected to an exhaustive series of tests and these too, apart from a raised C.S.F. protein, all proved negative. His condition fluctuated with remissions and relapses, but he ultimately responded to steroid therapy and after a very stormy illness made a satisfactory recovery. The case was reluctantly given a final label of a peripheral neuritis of unknown etiology.

It does, however, emphasise the need for constant vigilance since air travel has created a method of ready transmission of a disease from an infected area to the individual non-protected susceptibles in this country.

Whooping Cough.—Only 45 cases were notified compared with 97 in 1968. No deaths were registered from this cause. A survey by the Public Health Laboratory Service Whooping Cough Committee and Working Party reported in the British Medical Journal threw some doubt on the efficacy of the whooping cough vaccine used in Britain before 1967. This survey, in which Sheffield co-operated, was the first large scale field study of pertussis vaccine used in Britain since the Medical Research Council trials (1951, 1956 and 1959) and showed that after contact with a patient in the home, 56% of fully vaccinated children under 5 years of age developed whooping cough. The attack rate in a comparable group of unvaccinated children was 67%. This suggested that the vaccine used conferred only a poor protection against infection with the prevailing strains of H. pertussis. The organism was grown from about two thirds of the cases in the vaccinated and unvaccinated groups and more than four fifths of the strains were found to be type 1, 3. The use of pertussis vaccine can only be justified if the slight dangers are offset by a substantial degree of protection. On the positive side the vaccines used do appear to have nearly eliminated infections with strains of types 1, 2 and 1, 2, 3 and it is possible that they have been more successful in protecting children against slight degrees of exposure to infection associated with the majority of contacts in the school and community, than against the greater degree of exposure inherent in intimate household contact. Obviously cessation of vaccination could result in the recrudescence of the disease and return to the former high prevalence and severity of infection as existed 20 years ago when in Sheffield 2,909 cases with 8 deaths were notified. *The pertussis vaccines in use today, however, are not the same as those used to immunise the children observed in this survey.* Since 1964 all manufacturers in Britain have included strains of type 1, 3 in their vaccines and continuing efforts are being made to increase the protective effects of the vaccines. The P.H.L.S. committee did emphasise, however, the need for further evaluation of the current preparations; they also stated quite clearly that this was a preliminary report.

Smallpox.—No cases of smallpox have been notified since 1947 in the Sheffield area. In July, 1969, however, a complaint to the Health Department that a coloured man of West Indian extraction was suffering from smallpox was immediately investigated by the Deputy Medical Officer of Health and a superintendent public health inspector. A full examination showed he was in fact suffering from Chickenpox. The man and his family were reassured and the general practitioner informed.

The clinical differentiation between chickenpox and a typical or modified smallpox can be very difficult in a dark skinned adult patient but fortunately here presented no problem. Greater use of air travel, unpredictable migrations and the persistence of endemic foci in other parts of the world, in spite of the W.H.O. eradication campaign,

together with our lack of stringent immigration vaccination requirements, means that sporadic outbreaks of smallpox will occur from time to time in this country. A highly vaccinated community—and insistence that all immigrants are substantially protected—would minimise the risk, but at the present time vaccination in this country is haphazard, and cannot be relied upon to protect against the importation of smallpox. In these circumstances we must rely on 'ring vaccination' (the vaccination of all persons around a case) to limit the spread of this, often unpredictable virus. The dispute over vaccine risk and the risk of the disease proper could well be resolved by either the evolution of a new vaccine free from side effects, the combination of a vaccine with Thiosemicarbazone derivatives or an effective therapeutic agent.

A retrospective assessment and authoritative statement of the relative degree of risks involved, such as the 1968 U.S.A. survey, could result in the disappearance of infant vaccination in this country if taken on it's face value and open the flood gates to this disease through our liberal British attitude to all immigrants. There have been no cases of smallpox for 20 years in the United States of America, but they do not have to contend with the problem of the Asian Immigrant entering illegally from the continent. Systematic infant vaccination together with re-vaccination at school leaving age has additional advantages in that it will reduce risks of a late primary vaccination to persons visiting countries where smallpox protection is a statutory requirement. Certain professions of course are at special risk, such as doctors, nurses, ambulance personnel and public health inspectors etc., and will still need periodic vaccination to ensure their protection. The complacent, poorly protected adult who advocates non-vaccination in this country today must realise he is to some extent safeguarded by the protective shield our immune infants provide.

Typhoid Fever.—One confirmed case, that of a male laboratory technician aged 34 years, was notified during the year. Enquiries indicated that the disease had been contracted at his place of employment. Salmonella Typhi type O was isolated from a blood culture. Screening of all close contacts failed to reveal any further cases and the man made an uneventful recovery.

At the end of August, an increasing number of holiday makers returning from abroad with typhoid or paratyphoid fever received a great deal of national publicity. The majority of these had not been immunised prior to visiting or staying in areas where the water supply was suspect. A Sheffield man and his wife, together with their friends, another married couple, visited Teneriffe and stayed there from the 18th August to the 2nd September, inclusive, where they indulged in a wide variety of local dishes. They travelled by air and five days after their return on the 7th September, the man became ill with pyrexia and general malaise. He remained confined to his home in bed for two days but by the 9th September his condition was deteriorating and a friend conveyed him to the doctor's surgery in his van. The general practitioner was concerned and consulted with the Deputy Medical Officer of Health, the Infectious Diseases Consultant and the Director of the Public Health Laboratory and as a result the patient was admitted to Lodge Moor Hospital for investigations. The following day he was very ill with relapsing and remitting temperature, developed hiccups, and discrete rose coloured macules on his abdomen. His condition was now clinically compatible with typhoid fever. A detailed investigation of contacts, movement of the patient over the previous weeks, foods eaten, and places where they were consumed had been initiated as soon as this case was notified. The general practitioners in the area were informed of the presumptive diagnosis and contacts, such as the chemist and the friend who had conveyed the patient to the chemist, were advised on hygienic precautions they should observe and symptoms they should report and were kept under surveillance. Forty persons who had travelled and stayed at the same hotel as the patient were traced and the Medical Officers of Health in whose areas they were domiciled

were informed. The patient was visited in hospital and a detailed history taken in conjunction with the Infectious Diseases Consultant. A very full investigation of the patient, however, proved completely negative. The married couple from Sheffield with whom this patient was friendly stayed at the same hotel and had had diarrhoea for several days whilst on holiday. The husband experienced general malaise, pains and pyrexia from the 10th to the 13th September, but here again blood, faeces and urine culture all proved negative and his Widal too remained negative. An examination of blood, urine and faeces from all the close contacts of the patient showed no abnormalities. At the end of September, one of the two budgerigars owned by this patient died and an autopsy on the bird showed the cause of death to be a liver cancer with no bacteriological evidence of psittacosis. In spite of negative serology the patient was treated as a case of typhoid fever and recovered after a very stormy illness. No further cases occurred in the area.

Paratyphoid Fever.—No cases were reported during the year.

On the 7th November a commonwealth student arrived from West Pakistan and presented to the medical inspector at Dover a letter from the medical officer at D.H.Q. Hospital, Ghalum, stating that he had been under treatment from the 12th April to 29th September, 1969, for typhoid fever. No bacteriological examination of blood, faeces or urine appeared to have been carried out. He was admitted to the Hospital for Infectious Diseases in Dover where he stayed until the 13th November. All investigations carried out including three consecutive examinations of urine and faeces were reported negative but the blood Widal was compatible with a past paratyphoid B infection. The man was discharged and travelled to Doncaster and then on to Sheffield. He took no meals or drinks during the whole journey as he was observing a religious fast. On the 19th of November, the Medical Officer of Health for Dover notified this department that a delayed test of the third faecal specimen had resulted in the isolation of an unidentified salmonella. The Deputy Medical Officer of Health made immediate enquiries to Dover and the laboratory confirmed the organism to be Salmonella Paratyphi B. At the same time the student was visited and found to be staying in living accommodation over a food shop, which sold in the main Indian foods. He was admitted to Lodge Moor Hospital where he received a course of ampicillin and here again all investigations proved negative. To ensure he was not an intermittent symptomless excreter of Paratyphoid B, he was kept under close surveillance, given detailed advice on employments to avoid and the hygienic precautions he should observe and asked to submit periodic faecal and urine samples to the Public Health Laboratories. He remained symptom free and bacteriologically negative until disappearing suddenly with no forwarding address into the Great Metropolis. His whereabouts could be revealed in the future by an outbreak of Paratyphoid B infection in another area.

This lack of responsibility shown by some of our immigrants or short stay visitors, even where language and communication have presented no problem, still creates tremendous difficulties with their inherent dangers in the control and surveillance of infectious diseases.

Enteritis and Diarrhoea under two years of age.—Ten deaths were recorded in the City during the year as compared with five in 1968. Gastro-enteritis is not a notifiable disease but following two deaths which occured in children under one year of age from gastro-enteritis due to an epidemic Esch. coli infection, it was decided that all cases, of which the Department became aware including those admitted to Lodge Moor Hospital suffering from gastro-enteritis or non-specific diarrhoea, should be dealt with in the same manner as were notified cases of dysentery. The investigations of these cases, the family advice and follow-up, were carried out jointly by health visitors and public health inspector staff. This condition, which is trivial in the adult and older child but potentially fatal in a child of two years of age or under, attained national publicity in April, 1969, when many of the major northern cities reported outbreaks of infection with some deaths. The procedure of follow-up adopted in Sheffield at that time has been retained, since this type of infection always constitutes a danger to children under two years of age, and now all carriers are kept under close surveillance until demonstrably free from infection. The mother is informed of strict hygienic precautions she should observe when in contact with children of susceptible age and of the necessity to avoid such places as child welfare clinics, infant playgroups, or nurseries;

the parent is notified as soon as the child ceases to excrete the pathogen. There is undoubtedly a case for making this condition notifiable since it would help the control and containment of the infection, identification of the magnitude of the problem, facilitate study of its epidemiology and allow evaluation of measures instituted for the purpose of control.

Hand, Foot and Mouth Disease.—Two families in the Stannington area were reported by a general practitioner at the end of November as having a vesicular eruption of the mouth, palms of the hands and, in two cases, the feet. The families were visited by the Deputy Medical Officer of Health who was able to determine that the presentation and clinical appearances were classically those of hand, foot and mouth disease. The available evidence today suggests that Coxsackie Type A16 virus is associated with epidemics of this nature, while other types, A5 and A10 are isolated in sporadic cases. All general practitioners serving the area involved were alerted, and were asked to report similar conditions occurring in their practices. Resulting from this, one further family was visited and again found to have the classical lesions. Specimens were taken from the vesicles, the throat, and faeces, but none yielded the characteristic virus. Although not serious this condition can be very disconcerting, unpleasant and uncomfortable for the patient, especially the young infant who is unable to explain his problems, but recovery is always complete with no residual effects. The virus, however, can sometimes be demonstrated in the faeces of both patient and household contacts for three to four weeks after the onset of symptoms, and its control in infant schools may well constitute a problem of adequate personal hygiene. Following the original notifications a few more sporadic cases from the same area were reported by general practitioners.

Dysentery.—The most common type of dysentery presenting a perpetual problem in this country is that due to Shigella Sonne. This now appears to be endemic, with small numbers of cases being notified regularly all the year round, interspersed with peaks but showing no well defined seasonal pattern. There was again an increase over the previous year's notifications, 382 cases of the Sonne type being recorded as against 302 cases in 1968. (There were also 6 cases of the Flexner type and 1 Entamoeba Histolytica.) The exacerbations recorded, often reflected outbreaks in a school, a training centre, hospital ward, or a closely knit community like a large block of flats—circumstances which resulted in notification being more complete than usual. In 1969 there were six such outbreaks dealt with by the Department.

The control and containment of bacillery dysentery presents considerable problems since the organism is very infective and may remain viable for several days in the dust of toilets and playrooms. Although not a dangerous disease, sonne dysentery can cause a severe illness in the very young, very old and the chronic sick. It can precipitate a crisis in families already under stress or in trouble from other social or medical conditions, and has been used as a weapon in a personal vendetta between some parents and teaching staff. It can be limited by strict personal hygiene, and meticulous attention to the cleanliness of hands and nails before preparation of food and after toileting. These precautions, relatively easily observed in the private household, can present insuperable problems in a nursery, infant school or training centre for the mentally subnormal. It is believed that fluid stools are a major source of environmental contamination whereas formed stools are not. This means that the older child or adult, even if excreting dysentery organisms, is unlikely to be a source of infection unless symptoms of diarrhoea persist. In dealing with outbreaks during the year it was therefore decided that any child who had been off treatment, symptom free for one week could normally return to school, without a full and detailed investigation to ensure they were bacteriologically free from infection. However, children attending nursery school and nursery classes,

personnel involved in food handling, nursing staff etc., were required to have three negative stools at two day intervals, before being pronounced fit to return. Dysentery in Mexico is often afforded the romantic title of 'Tourista', the 'Aztec's War Dance' or 'Montezuma's Revenge'. It would be interesting and informative to learn the name given to sonne dysentery by tourists visiting this country from abroad.

Food Poisoning.—*Salmonellosis*. Treatment of this condition by antibiotics has been shown to perpetuate the persistence of infection and lead to the chronic carrier state. This type of patient constitutes a potential source of infection and risk to his contacts, and involves our public health staff in follow-up of cases often over very long periods. The source of infection in the sporadic case of salmonella food poisoning is often very difficult to trace but, where several persons have been infected by the same organism, a retrospective enquiry may indicate this source and allow advice on measures needed to eradicate it.

Case Report

In early August the Deputy Medical Officer of Health in his examination of public heafth laboratory reports noticed that faeces from three cases of suspected food poisoning had all yielded a Salmonella (later confirmed as Enteritidis) within a few days of each other, and the public health inspector's reports showed that one food was common in the dietary history of all the affected patients, namely Scotch Egg. Symptoms in all cases were predominantly diarrhoea and abdominal colic and had commenced twenty four to thirty six hours after ingestion of this food. This proved to have been purchased from the same manufacturer, although from different branches in different areas of the City. All foods of this nature were prepared in a central meat food factory. These premises were visited by the Deputy Medical Officer of Health and the Superintendent Public Health Inspector. A detailed examination of the method of preparation of food in the sausage meat section was carried out, and swabs were taken from a chopping block, the mixer grinder, and the blocks on which meat was moulded, together with two Scotch Eggs pre and post cooking. These were all submitted for bacteriological examination but yielded no pathogens. Samples of faeces were obtained from all members of the staff who were involved in sausage production and a full enquiry was carried out into staff sickness and absences on holidays. It was discovered one man had had a gastro-intestinal upset a few days prior to the onset of symptoms in the original cases. In one of the families only the wife had eaten a small quantity of the Scotch Egg and she alone yielded a positive stool sample of Salmonella Enteritidis. The man who had had gastro-intestinal symptoms and another member of the staff employed in the sausage meat preparation room were both found to be excreting Salmonella Enteritidis in their stools. They were excluded from work until they could be proved free from infection. This small outbreak involved a total of five cases and over the subsequent three weeks other cases of salmonella were fully investigated but failed to show any causal relationship to these cases. We must assume the source of infection in this outbreak, the young man who had had symptoms while on holiday, had infected the meat during preparation and that the final stage of frying in fat had been insufficient to kill off the innoculum in the centre of the Scotch Egg. The need to report any sickness and to stay off work if involved in food preparation was stressed to the whole staff of the firm involved and the adequate cooking of this kind of meat emphasised. This was a mild illness and one cannot help feeling that many other cases possibly occurred which were unreported.

Clostridium Welchii Food Poisoning

On the 23rd December, 1969, a message was received from the manageress of a gown shop, to the effect that 17 of her female staff had been taken ill that morning and 2 had not arrived for work, They had all enjoyed a Christmas meal at a local restaurant the previous evening and she was concerned that this could have contributed to their illness. Enquiries showed that 20 girls had eaten in the restaurant the previous evening, between 8.45 p.m. and 10.15 p.m., 19 had partaken of a standard Christmas dinner, and one had had a Chinese dish. The Christmas dinner consisted of shrimp cocktail or soup, turkey, pork, peas, potatoes, stuffing, bread and apple sauce, gravy, Christmas pudding or peach melba, tea or coffee. 12 to 14 hours afterwards all 19 girls who had eaten the Christmas meal had diarrhoea, nausea, abdominal colic and 2 had vomiting, but the girl who ate the Chinese meal was symptomless.

The restaurant was visited immediately and the position explained to the manager. At that stage no portion of the meal was available, either in the restaurant or in the dustbins. Samples of the meals from the previous evening, were taken, however, and submitted to the Public Health Laboratory at the Northern General Hospital. Specimens of faeces were taken from a random selection of six of the affected girls, and all female staff of the gown shop. The Deputy Medical Officer of Health and a public health inspector for the district made detailed enquiries into the methods of preparation and cooking of the suspected food. The turkeys were frozen birds, 25lbs and over in weight, and were thawed out overnight, at room temperature, but the room itself had direct access to the outside. The following day the birds were dipped in hot water to quicken the

thawing, then cooked in gas ovens at 350° Farenheit. They were cooked sufficiently to allow the meat to be evenly sliced from the carcase, but before they were carved the birds were allowed to cool slowly in the kitchen, and when sufficiently cool the meat was sliced from the carcase, placed on a large tray and kept in the kitchen at kitchen temperature. The manager estimated that each bird yielded approximately 60 portions. The meat was placed in boiling water and warmed, simmered in a gas oven to render it hot and tender before serving it to the customer. The pork was fresh pork, was roasted and sliced and served direct. It was noticed that parts of the sliced turkey appeared insufficiently cooked. The manager was advised of the vital need for a longer thawing out period prior to cooking, thorough cooking of the meat and the serving of this fresh. Three faecal specimens at two day intervals were requested from all direct food handlers in the kitchen to ensure freedom from infection. All faecal specimens from the six girls who had symptoms yielded a growth of heat resistant Clostridium Welchii. Fortunately the illness was of short duration and mild in intensity and all the staff were able to return to work after a few days. As a result of further detailed enquiries the names and addresses of three people who had had a meal on the lunch-time of the same day as the affected girls were traced and they were all found to have identical symptoms. They again were members of a party and a high proportion of the whole party had been affected. Faecal culture again in these three affected persons yielded a growth of heat resistant Clostridium Welchii.

Although samples of the meat causing this outbreak were not available the pattern of the outbreak and the subsequent findings point to turkey being the source. Here again as in so many cases of this type, factors causing these untoward events were,

1. Insufficient thawing out. 2. Attempts to speed up the thawing by immersing the meat in hot water. 3. Partial and inadequate cooking of large birds. 4. Slow cooling of the birds at kitchen temperature, after being removed from the oven. 5. Storage of sliced meat on open trays at kitchen temperature and reheating before serving.

The restaurant involved was visited on numerous occasions and the public health staff were able to use this outbreak as a means of health education

Leprosy.—Leprosy is one of the least contagious of the communicable infections, and only two cases now remain on the register. Even if conditions in this country favoured spread the vast majority of persons would probable prove non-susceptible to it. In general the more obvious the lesions in the patient the less contagious will he be, but in spite of all these facts the name leprosy arouses public fear and even hysteria. The strict confidentiality which Medical Officers of Health insist upon, are absolutely necessary in the interests of the patient as well as of the community. This is a condition in which health education of the public is absolutely essential if we are to achieve some respite from the social stigmata which hound the afflicted patient. The time is ripe for us to explode the biblical myth of an incurable contagious deforming disease. The control of this condition depends on the early identification by doctors, their increasing awareness of the possibility in immigrants from certain areas, and an increasing readiness of the patient to come forward for treatment. The condition can be rendered non-contagious after a few month's treatment with standard drugs and cured with the co-operation of the sufferer. The precise protective value of B.C.G. vaccination in leprosy is still a matter of doubt, but surely this is a further reason, although a small one, for our ensuring that maximum protection by B.C.G. is afforded our children within the school.

Infective Hepatitis.—"All that Glitters is not Gold", and by analogy many cases which appear on first examination clinically compatible with infective hepatitis later prove to be of a different etiology. Close liaison with Dr. D. M. Goldberg, Consultant Chemical Pathologist at the Royal Hospital, has resulted in many cases of jaundice earlier notified as infective hepatitis receiving a full clinical and bio-chemical assessment. The diagnosis was of course correct in the majority of these cases but a proportion (27%) were shown to be due to other pathologies such as, cancer of the pancreas, infectious mononucleosis, leptospirosis, etc. The history of the condition on which so much reliance has been placed in the past, can be misleading; for example patients with hepatitis without a clear cut history of a parental inoculation are likely to be designated the infectious type, but it has been shown this type of infection may also be transmitted by the parental root, and in contrast a 'serum hepatitis' by the oral root. Hopes were raised by the recent discovery of the Australian antigen that isolation of the virus responsible for one of the types of hepatitis, probably the serum variety, might be imminent and subsequently cultured with sufficient ease to allow production of a vaccine, but a great volume of work is still being carried out to try and assess the true significance of this discovery. A tool we sadly lack in this epidemiological problem at

the present moment is a screening test to identify a carrier of the virus or a person who is incubating the disease and who therefore could act as a source of infection either through contact, blood donation or even drug indulgence. This condition of course is a constant source of concern to directors of renal dialysis units. In other areas it has resulted in a loss of lives amongst staff, but we are fortunate that at the present moment Sheffield has not experienced problems of this nature. Constant review of precautions, assessment of their adequacy and vigilance will, however, be needed to sustain this state of affairs now that more cases are being treated by home dialysis within a community where the infection is an ever present danger. A Public Health Laboratory survey showed that the use of immunoglobulin early in the incubation period could be effective in modifying the severity of this disease, and its effect in one family where three of the sibs of a case were severe juvenile diabetics was quite gratifying. All were given immunoglobulin in the incubation period and, in spite of intimate contact, two developed the disease with only minimal symptoms and the third remained symptom free, although he had no past history of jaundice.

A cartograph of one year's cases from the first day of notification showed concentrations in areas of high density population. A study of the City on these lines in the future years might help in evaluating the health benefits we have acquired from our new housing estates and allow some comparison between housing in massive flat complexes, traditional houses and substandard pre clearance dwellings.

The age distribution of notified cases is as follows:—

Age Years	Number
Under 5	28
5—14	149
14—45	81
45+	27
Total	285

Influenza.—Outbreaks of influenza due to the A_2 Hong Kong virus were reported in Australia by the World Health Organisation as far back as July, 1969 and over the next few months cases were confirmed in many other areas of the Far East, and the South American continent. The virus was isolated from cases in South Western Europe by mid-November and the outbreak by then had assumed pandemic proportions.

In England sporadic cases were first confirmed in Cambridge and Sheffield felt the impact in mid-December, the first isolation of the virus from a case being on 18th December. The ensuing two weeks saw a marked rise in sickness notifications and influenza, bronchitis and pneumonia deaths. General practitioner, ambulance and hospital services came under severe pressure and by the year end the 'Red Alert', (admission of only emergency patients) had to be observed in hospitals. The most severely affected were the very old and chronic sick where influenza appeared to have assumed the role pneumonia had prior to antibiotics of 'the old man's friend'.

Protection with vaccination is quite feasible when combined with the early warning system which is being established by the World Health Organisation but at the present moment the difficulties in the way of influenza vaccination are multiple and complex. The virus unfortunately changes its antigenic type periodically which means that antibody produced will neutralise only viruses of previous years and not the current epidemic

strain. Virus manufacturers are sent a new strain by the W.H.O. Virus Reference Centres as soon as it is recognised but, in spite of this, the speed of spread of the virus from country to country means that production of sufficient vaccine in the time available often presents unsurmountable problems. In addition the present vaccines are the killed variety and produce variable protection with claims ranging from 30 % to 80 %. The immunity produced is short lived and needs boosting after seven to eight months and, since the virus is grown in the allantoic cavity of embryonated hens' eggs, there is always a danger of protein sensitisation in the recipient. In consequence a limited protection can only be afforded to those at special risk such as the young and old chronic sick, especially those with cardiac or pulmonary conditions, and key workers in the hospital, transport and industrial fields.

VENEREAL AND OTHER SEXUALLY TRANSMITTED DISEASES

By Dr. P. Durel*
Locum Consultant Venereologist

"Running after women never hurt anybody—
it's catching 'em that does the damage".
Jack Davies

The situation concerning sexually transmitted diseases is a growing problem in every country in spite of powerful antibiotics, and the situation in England is also a cause for concern. Nevertheless in Sheffield the figures are rather more stabilised.

Syphilis—One must make a distinction between recent syphilis which is infectious and where the disease is active, and late and latent cases of syphilis which are due to infection contracted many years ago, are non-infectious and of no epidemiological significance.

Three cases of recent syphilis were seen in 1969, 2 male and 1 female. In 1967 six cases attended at the clinic, but in 1968 only one infectious case was seen. The treatment of these cases presents no problem.

The cases of late and latent syphilis numbered 14 against 21 in 1968. One can hope that the number of late cases will decrease gradually. The serology in such cases usually remains positive whatever the treatment.

Screening of blood donors, ante-natal patients and a proportion of hospital in-patients continues to detect patients with the disease and in terms of preventive medicine is very worth-while.

Thanks to Dr. P. J. L. Sequeira, Director of the Reference Serology Laboratory at Manchester, we are beginning a study on the value of the haemagglutination test for treponemes—its sensitivity will prove of interest. Thirty five specimens of sera were examined at Manchester.

Gonorrhoea.—The cases of gonorrhoea are generally increasing in the country. This is due to the behaviour of promiscuous people and the ready transmissibility of the disease the incubation period being very short.

A total of 632 cases of gonorrhoea, 408 male and 224 female, were seen in the Sheffield clinics in 1969 as against a total of 508 in 1968. The tracing of sex contacts of infected persons is a major responsibility because gonorrhoea in the female has practically no symptoms, and the cases can be detected only if the women are brought to the clinic by their contacts or by the Health Visitor.

In both sexes, but mostly in females, the laboratory plays an important role and it is our good fortune to have a very valuable scientific co-operation with the Public Health Laboratory.

In many countries penicillin has become less effective in the treatment of gonorrhoea. In this country, happily, antibiotics are still very effective but the situation may change and one must be on guard.

Trichomoniasis.—This parasitic infection appears to be increasing in importance for doctors are now referring many women to the clinic. It can be considered as a sexually transmitted disease and the male consort is often infected even if symptoms are minimal. It is difficult to see the consorts of infected females as they have no complaints, but efforts are made to arrange the attendance of males because they can be carriers of the parasite and reinfect their partners after treatment.

*–Dr. R. S. Morton was in Singapore as W.H.O. Consultant.

Cases of Trichomaniasis

	1968	1969
Male	18	19
Female	133	188
TOTAL	151	207

Non-Specific Urethritis.—No further light has been thrown on the cause of this male condition. The number of cases is increasing in all countries. In Sheffield, 268 cases were seen in 1969 as against 209 cases in 1968. In some cases non-specific urethritis is complicated by a rather severe arthritis (Reiter's syndrome): 7 cases were seen in 1969 compared with 6 cases in 1968. The treatment of this condition is long, difficult and relapse is rather frequent.

Other Sexually Transmitted Diseases.—Other minor diseases are not always venereal but they can be transmitted by sexual contact—namely, scabies, pubic lice, genital warts, etc. These are skin conditions and in consequence the close liaison which exists with the dermatological departments is of great importance. Many people with skin diseases call in first to the Special Clinic and are referred to a dermatological specialist.

New Patients at the Venereal Diseases Clinics

	1968	1969
Male	1,355	1,550
Female	755	984
TOTAL	2,110	2,534

Our department continues to benefit from the first class service provided by Dr. E. H. Gillespie, Director, Public Health Laboratory Service, Northern General Hospital. There are very good relations with Professor M. G. McEntegart, Department of Medical Microbiology, at the University, where fundamental research is taking place on gonorrhoea under a three year Medical Research Council grant.

The Health Visitor, seconded from the Public Health Department, is most helpful in contact tracing and she usually succeeds in tracing and referring contacts to the clinic. In 1969, 1,195 visits were made to 407 patients, further details being given on page 40.

Efforts are made to promote education both nationally and locally through media such as television, films, supplemented by discussion in schools and at youth clubs. Sheffield benefits in this respect from the enthusiasm of Mr. F. St. D. Rowntree, Health Education Organiser, with whom we enjoy excellent co-operation.

It is our wish that general practitioners could be made more aware of the importance of venereal disease and of the necessity of referring patients promptly to the clinic.

To summarize—the incidence of venereal diseases in Sheffield continues to compare favourably with other cities in England, but vigilance is necessary to contain the situation.

CARE OF MOTHERS AND YOUNG CHILDREN

(Maternity and Child Welfare)

By MARION E. JEPSON, B.Sc., M.B., Ch.B., D.C.H., D.P.H.,
Senior (Maternity and Child Welfare) Medical Officer

"Whatever you do, do cautiously, and look towards the end"
Gesta Romanorum

The Maternal and Child Welfare Services originally evolved in response to certain medical and social needs of mothers and young children of that particular era. If we believe that all human welfare is a developing process and that, in the same way, the promotion of health is a continuous process, it is important that we should try to ensure that our services are fulfilling present day needs. It is hoped that the future pattern of the Health Services will enable a fresh concept of maternal and child welfare to emerge from a closer association with other services with the same basic concern for mother and child.

Notification of Births.—In 1969, 10,505 births were notified in Sheffield of which 10,367 were live births and 138 stillbirths. A proportion of these births relate to women normally resident outside the City, whose confinement took place within the City boundary. The following table shows the number of births taking place in hospital, nursing home and at home, with specific details relating to Sheffield women only.

Notifications of Birth			*Details relating to Sheffield Women*		
			No. of confts.	*Live births*	*Still births*
At Home:—					
By private medical practitioners	528		523	522	3
By midwives	987		982	985	1
Unattended	1		1	1	—
	——	1,516			
In Nursing Homes		299	186	186	—
In Hospitals:—					
Northern General Maternity Hospital	3,015		2,543	2,580	42
Nether Edge Maternity Hospital	3,023		2,537	2,557	26
Jessop Hospital for Women	2,652		1,574	1,601	29
	——	8,690			
TOTALS		10,505	8,346	8,432	101

Where Sheffield women are concerned, nearly 80% of confinements took place in hospital. Comparison with previous years shows the gradually increasing proportion of hospital deliveries, made possible initially by the increasing use of the early discharge system and assisted later by the opening of the new Hospital and General Practitioner Units at Nether Edge.

	1964	1965	1966	1967	1968	1969
% Hospital Deliveries	63·8	66·5	70·0	71·0	75·9	79·7

Local Authority Ante-Natal Clinics.—In 1969 ante-natal clinics were held at three principal centres—Orchard Place, Firth Park and Manor—and in addition, sessions were held in 19 subsidiary centres. During the year, 3,184 patients attended for the first time, compared with 3,708 in the previous year.

In 1968, it had been decided that general practitioners would be given the opportunity to continue ante-natal care, in co-operation with the hospitals, of those patients booked for hospital delivery through the local authority clinics. The clinic doctors would continue to supervise those patients whose doctors did not wish to undertake ante-natal care. This was seen as a transitional stage towards the medical care of ante-natal patients becoming a joint undertaking between general practitioners and hospital only. Mothercraft classes would be available for everyone as before, and advice and help in social difficulties would remain the responsibility of the local authority staff. During 1969, several problems needed careful investigation, particularly those related to the follow up of defaulters and the ensuring of continuity in care, and useful discussion on these aspects has taken place at Maternity Liaison Committee meetings.

At the clinics conducted by the clinic doctors, there were 14,136 attendances in 1969, a decrease of over 8,000 compared with 1968, illustrating the effect of the change of policy regarding ante-natal care. At the clinics conducted by the midwives alone, there were 8,200 attendances, compared with 11,936 in 1968, a reflection partly of the decrease in the number of home confinements, and also of the increasing tendency for general practitioners to hold ante-natal sessions in their own surgeries, at some of which the domiciliary midwife is also present.

The following table shows the relationship between requests regarding place of confinement made by patients attending the local authority ante-natal clinics, and the actual allocation of bookings.

Number of patients attending for the first time	3,184
Number of patients requesting hospital confinement	2,733
Living in own home	1,826
Living in rooms	904
Living in institutions	3
Not pregnant or miscarried	215
Left the City before confinement	48
The remaining 2,470 patients were booked as follows:—	
Hospital	2,221
Home	243
Private Nursing Home	6
Number of patients requesting home confinement	451
Living in own home	409
Living in rooms	42
Living in institutions	—
Not pregnant or miscarried	23
Left the City before confinement	2
Arrangements were made for the remaining 426 as follows:—	
Home	284
Hospital	142

90% of the requests for hospital confinement were met, compared with 72·6% five years ago. It would seem important that, where possible, every woman should be delivered in the place of her choice, especially in the broad field of hospital or home confinement, and it is hoped that within the next year or two, it will be possible to grant all requests for hospital confinement.

Strong preference for a home confinement was expressed by 451 patients (15%) attending for the first time, but of these 142 (31·5%) were delivered in hospital. In spite of strong medical reasons contra-indicating home confinement, it is sometimes extremely difficult to persuade the patient to accept hospital delivery, even with the promise of an early discharge. It often needs a great deal of patient discussion on the part of doctors, midwives and health visitors, to elucidate the source of the reluctance, so that appropriate and acceptable help can be offered.

Extra-Marital Pregnancies.—During 1969, 400 women and girls were unmarried when they attended the local authority ante-natal clinic for the first time; in addition, 88 married, separated or divorced women having illegitimate pregnancies, attended. Of the total 488 patients, 335 were pregnant for the first time.

The patients fell into the following age groups (with comparison with 1967 and 1968):—

	13 *years*	14 *years*	15 *years*	16 *years*	17 *years*	18-21 *years*	*Over* 21 *years*	*Total*
1967	—	3	10	64	88	260	237	662
1968	—	1	8	44	71	259	173	556
1969	1	—	7	29	78	233	140	488

It is noted that the total numbers have fallen considerably since 1967, which may to some extent be due to the acceptance of effective contraceptive measures.

At the time of their first attendance at the clinic, 91 patients had their own homes, 261 lived at home with their parents, 133 were in rooms and 3 came from the Remand Home, the Approved School or the House of Help. Of the 400 unmarried patients, 119 married later in the ante-natal period, including 6 of the 16 year old girls and 27 of the 17 year old. 463 patients requested a hospital booking and 25 preferred home delivery. Arrangements for delivery were:—

Hospital	410
Home	14
Private Nursing Home	3
Left the City before confinement	15
Miscarriage or abortion	17
Not pregnant	29

Problems of accommodation may require urgent attention, and during the year, 23 expectant mothers had some period of residence in the Mother and Baby Home, Hucklow Road; admissions were also arranged to St. Agatha's Church of England Hostel, Broomgrove Road, and St. Margaret's Roman Catholic Maternity Home, Leeds.

Part of the work associated with the local authority ante-natal clinic, is the attempt to unravel the different problems with which some of the patients, married or unmarried are confronted. It seems important when thinking of the patient with an extra-marital pregnancy, that we try to achieve a balance between not singling her out and segregating her into a particular group, and yet not ignoring the fact that in many, if not all instances, there are specific problems arising out of this type of pregnancy. In common with all expectant mothers, she has a right to have her basic physical needs met and to receive whatever help may be necessary for medical, social or emotional difficulties, but it must also be recognised that her problems may be acutely emphasised and intensified by reason of her age, her immaturity, feelings of her own inadequacy, and by lack of support from the group in which she lives. Unless we accept these problems as highly individual ones, we may not be able to give the kind of help which will enable her to make wise decisions, which may vitally affect the future welfare of the child and her own capacity to achieve a full and valuable life. Any decision, even a right one, may bring its own difficulties, and it is equally important that any help should not automatically cease once this decision is made, but should be available to support her whenever, and as long as, the need is present.

ANTE-NATAL CARE

As well as general obstetrical supervision, certain screening procedures are carried out as routine measures in ante-natal care.

Chest Examination.—It is not general policy to refer all cases for chest X-ray, each case being assessed on its own merits. Chest X-ray is not carried out where there is definite evidence that a patient has been X-rayed within the previous two years, or has already had B.C.G. vaccination. A chest X-ray is advised where there is any doubt, or if the patient is a recent immigrant, but is deferred until after the fifth month of pregnancy. Contacts of known tuberculous cases and patients having had a previous tuberculous infection are referred to the Chest Clinic for examination and discussion regarding the advisability of B.C.G. vaccination for the expected child. During the year, 193 patients were referred, 163 attended and one active case of tuberculosis was found.

Blood Examination.—It is important that in the case of every expectant mother, information should be available regarding her blood group and rhesus factor, any evidence of venereal infection, and whether or not she is anaemic. Relevant blood samples are obtained from every patient attending the clinics, and the general practitioners also refer for this purpose, patients booked for home confinement under their care. During 1969 samples were examined from the following number of patients:—

Grouping and rhesus factor	2,721
Wasserman, Kahn, etc.	3,389
Haemoglobin	5,664
Other tests	462

Rhesus Factor.—As a result of 2,721 blood samples examined for the rhesus factor, 32 women attending local authority clinics were found to have rhesus antibodies. One left the City before delivery, one miscarried and the remaining 30 were delivered in hospital. There was one stillbirth in a severely affected baby, and one baby born at 30 weeks died soon after birth as a result of the extreme prematurity rather than haemolytic disease. Of the other 28 babies, 19 showed signs of haemolytic disease of the newborn. Seven were only mildly affected and no active treatment was needed, but the other twelve needed exchange transfusions. Women who were rhesus negative and showed a significant blood test within 36 hours of delivery were afforded immunisation with the special agent to prevent haemolytic disease in subsequent pregnancies. These tests and necessary immunisation are available for all women whether delivered in hospital or at home.

Tests for Venereal Disease.—During 1969, 3,389 specimens were examined at the Public Health Laboratory for evidence of venereal disease, and as a result of these tests, nine women were found to have evidence of syphilitic infection and were referred to the Special Clinic for treatment. Six of these were women already known to have had an infection in the past and were given supplementary treatment. Three were new cases in the sense that there was no record of a previous blood test, or one that had shown a positive result. In addition, two patients with negative tests but with a history of previous infection were referred, and one new case of gonococcal infection was found after delivery as a result of investigation of an infection of the baby's eyes. Six patients were English and six West Indian. Two patients miscarried, and seven pregnancies have resulted in live babies; these would attend the Special Clinic with their mothers a few weeks after birth, when further tests on mother and child would be carried out. Three women are still to be delivered.

Haemoglobin Estimation.—Haemoglobin estimation on first attendance at the antenatal clinic showed that 20 patients had a severe degree of anaemia (haemoglobin 59% or under) whilst 142 had a moderately severe anaemia (haemoglobin 69%—60%). In estimations repeated between the 28th and 32nd week of pregnancy, 8 patients had a haemoglobin value of less than 60% and 112 were found to be between 69% and 60%.

Hookworm Infestation.—Serious anaemia in coloured women immigrants may result from hookworm infestation, and is of a type which cannot adequately be treated unless the underlying infestation is eradicated. Specimens of faeces from coloured

immigrant women attending the local authority ante-natal clinics are examined for parasites, and patients found to be infected are referred for treatment, either to their own doctor or to the hospital to which they are booked. Nine of the 41 faecal specimens sent for examination showed evidence of the hookworm parasite. Three of these patients had a severe degree of anaemia.

Rubella Contacts.—An increasing awareness of the potential danger of rubella during the early weeks of pregnancy resulted in 107 patients attending the clinic for advice because they had been in contact with this infection. In 14 cases protection was not thought to be necessary because of the advanced stage of the pregnancy, and in the remaining 93 cases, immunoglobulin injections were given after a preliminary blood test to determine the degree of natural immunity already possessed by the patient. Fourteen of these 93 women were thought to be specially at risk because of the total absence of detectable antibody and a higher dosage of immunoglobulin was given. Two patients in the latter group developed rubella and the pregnancy was terminated. Two women left Sheffield before delivery, and the remaining 10 had full-term live babies with no apparent abnormality at birth.

It is hoped that the introduction of the new rubella vaccine will confer a lasting immunity if given before child bearing age and will in time not only eliminate the need for emergency action with its attendant anxiety in early pregnancy, but will reduce the incidence of congenital abnormality due to infection which has passed unrecognised by the mother.

Dental Treatment.—Arrangements are available for ante-natal patients to receive dental care at school dental clinics. The number of patients who can be persuaded to attend the clinic for examination and treatment has been very small. Some patients do indeed attend their private dentists, but only too often this is promised by the patients as an alternative to attending the local authority clinic and nothing further is done in spite of advice from clinic doctors and midwives.

Outcome of Pregnancy.—A survey of 3,318 patients who attended the local authority clinics and were booked to be confined in 1969, showed that 2,441 patients were delivered in hospital, 478 were delivered at home, 19 were delivered in Chapeltown Maternity Home and 5 in Claremont Nursing Home.

In addition, 110 patients miscarried, 94 left the City before confinement, 161 proved not to be pregnant and 7 moved address and were not traced. Pregnancy was terminated in 3 cases.

Details of deliveries were as follows:—

Northern General Hospital—1,227 patients. There were 19 sets of twins, in a total of 1,227 live births and 19 stillbirths (670 males and 576 females). These included 24 patients previously booked to Nether Edge Hospital and 107 who were booked for home delivery but transferred later in pregnancy or at term to the Northern General Hospital.

Nether Edge Hospital—1,155 patients. There were 9 sets of twins, in a total of 1,151 live births and 13 stillbirths (576 males and 588 females). These included 8 patients previously booked at the Northern General Hospital but delivered in Nether Edge Hospital, 1 who had booked at Jessop Hospital and 54 who were booked for a home confinement but transferred to Nether Edge during pregnancy or at term.

Jessop Hospital for Women—59 patients. There were 2 sets of twins, in a total of 57 live births and 4 stillbirths (32 males and 29 females). Of the above, 8 were previously booked for Nether Edge Hospital, 1 for Northern General Hospital and 43 for home confinement. The remainder were mostly referred by general practitioners prior to arrangements being made by the clinic.

Home Deliveries—478 patients. There were no twins in 477 live births and 1 still birth (254 males and 224 females), but six of these patients had previously been booked at the Northern General Hospital, five to Nether Edge Hospital and one to Jessop Hospital for Women.

Chapeltown Maternity Home—19 patients. There were 19 live births and no still births (6 males and 13 females) and 8 previously booked for home confinement were accepted later in pregnancy for Chapeltown Maternity Home.

Claremont Nursing Home—5 patients. All were live births (3 males and 2 females), one of which had been originally booked to Nether Edge Hospital.

The services of a midwife were allocated to 1,099 patients who had not attended the clinic.

The 2,943 confinements resulted in 2,936 live births and 37 stillbirths and included 30 sets of twins. Of the 2,936 live births, 29 babies died within the first four weeks of life, 27 of these within the first week.

Stillbirths and deaths during the first week of life are classified together as perinatal deaths, as it is recognised that similar causes are operating in both groups.

Out of 2,973 live and stillbirths among patients attending local authority clinics there were 64 perinatal deaths. The following table shows an analysis of the underlying causes.

Cause	*Number of Stillbirths*	*Number of 1st week deaths*	*Number of Perinatal deaths*
Twins	—	7	7
Foetal abnormality	8	5	13
Maternal toxaemia	4	—	4
Ante-partum haemorrhage	3	—	3
Placental insufficiency	8	—	8
Difficulties in labour ... ... (including cord complications)	3	—	3
Maternal conditions	2	1	3
Prematurity, no cause known	6	14	20
Mature, no cause known	3	—	3
TOTALS	37	27	64

Foetal abnormalities included 8 cases of central nervous system defect (anencephalus 5; hydrocephalus 3) and one case of congenital heart defect. Two deaths occuring in the second week of life were due to prematurity (1) and a congenital heart defect (1).

Maternal Deaths.—There were no maternal deaths occurring in patients who had attended a local authority clinic.

Post-natal Clinics.—This is an important visit, and every effort is made to encourage the mother to attend for examination, whether it is carried out by the general practitioner or at hospital or a local authority clinic. The visit includes a brief general and more detailed local examination, including a cervical smear where appropriate, to ensure that any abnormalities developing during pregnancy or delivery have either disappeared or are treated. It also provides an opportunity to discuss baby's progress, any general problem or anxieties that may have arisen, and to give information and advice on family planning.

In 1969, 1,094 new post-natal patients attended the clinic and there was an overall attendance of 1,290.

Family Planning Clinics.—1969 has seen a steady expansion of the local authority family planning services, and during the year twenty-two sessions at 14 centres were held each week; three of these sessions are early evening ones. All recognised methods of contraception are available, including the fitting of the intra-uterine device which is carried out at five centres. In 1969, 1,967 new patients attended the clinics compared with 1,379 in 1968. The methods advised were:—

Oral contraceptive	1,152
Cap	328
Intra-uterine device	293
Miscellaneous	194
TOTAL	1,967

In all cases, consultation, medical examination and advice has been free of charge and, where family limitation is recommended on medical grounds, contraceptive supplies have also been free. Patients who have not been recommended for free supplies on medical grounds and who feel unable to pay the full cost, have been referred to the Assessment Sub-Committee of the Health and Welfare Committee. In 1969, 137 patients received free supplies on medical grounds and 138 on social grounds after referral to the Assessment Committee.

Child Welfare Clinics.—Perhaps one of the most valuable contributions a Child Welfare Service can provide is that of continuing care and support for young children and their parents. Care involves many things—knowledge of the family and its background, knowledge of the normal development and the range of normality, together with an alert mind to detect departures from normal, awareness of the needs of the developing child in all aspects, and recognition of the old and new hazards to health, especially those arising almost insidiously out of changing social patterns. Support must accompany care, and it is from this aspect that the 'welfare clinic' should be regarded by the parents, as a place where they are allowed the opportunity to discuss their family, to be able to feel that their problems, however small, will be understood, so that they themselves will gain confidence and assurance in the care of their children.

During 1969, 7,361 babies and young children were seen for the first time and total attendances numbered 77,617.

Preventive Psychiatry.—Observation of the development of a child should take into account not only physical and mental health, but social and emotional aspects also. The promotion of measures aimed at detection and, if possible, the counteraction of tensions and strains hostile to mental health, the recognition of disturbed relationships within the family at an early and reversible stage are important contributions to the total health of the child. Dr. Horsley gives valuable help to clinic doctors, and health visitors who may discuss with him or refer to him, children in whom severe difficulties have arisen. It is important to remember that the ante-natal period may be the time when difficulty is experienced by the mother in adapting to changing circumstances and associated perplexing emotions may sow the seed of disturbed mother child relationship later. Recognition of this situation and its significance may make solution at an early stage possible. It is in this context that the sessions for expectant mothers, held by Dr. Horsley, have a special function. (see page 73).

Health Education.—Health Education is an indispensable part of the programme of a child welfare centre. Formal health education has a definite part to play, and groups of young parents, ante-natal patients, and adoptive parents have met at intervals throughout the year in several centres and have participated actively in the discussion of various topics. Equally, if not more important, is the vast amount of informal health education that goes on all the time in any clinic; this should be a two-way process, with

doctor, health visitor and parent each contributing to one another's education. This very informality may produce its own hazards in that we may at times fail to recognise our relationship as 'educational' and by a careless phrase, ill-timed remark, or even by well intentioned clinic procedures, produce the very anxiety and confusion in parent's minds which we are aiming to avoid.

Screening Procedures

Deafness.—Screening tests for defective hearing should form part of the development assessment of every child at different stages of growth, and this is especially the case when a child is known to be 'at risk.' The health visitors arrange for simple screening tests to be carried out either in the child's home or in the clinic (page 123), and each clinic doctor includes such tests in the routine examination of the child. During the year, 134 children were referred to Dr. Swallow of the School Health Service for more detailed testing in the audiology clinic.

Eye Defects.—In 1969 240 children with definite or suspected strabismus were referred from the clinics to the ophthalmic department of the Hallamshire Hospital.

Phenylketonuria.—Every effort is made by the health visitor to test the urine of babies for phenylketonuria between the ages of three to six weeks. In 1969, 7,080 tests were made and no positive cases were found.

In early 1970, the 'nappy test' will be replaced by the Guthrie test. This is a blood test which is more reliable in its results, and which by reason of its accuracy in the first two weeks of life will enable treatment of positive cases to be started at an earlier stage.

Register of Congenital Abnormalities.—This register is compiled from various sources. Many abnormalities detectable at birth are indicated on the birth notification form by the midwife and from scrutiny of stillbirth registrations (73% of the abnormalities entered on the register in 1969 were notified in this way). Many of the remainder did not become evident until some time after birth, and were notified through copies of hospital discharge letters and from information given by health visitors, clinic doctors and general practitioners, all of whom have given most valuable co-operation. Although these defects are not notified to the Register General as are the ones detectable at birth, many constitute very real handicaps to the future development of the child and, without them, a comprehensive picture of the total incidence of abnormalities would be incomplete.

'At Risk' Register.—This register includes the names of children in whom some factor has been, or is still, operative, which may possibly interfere with normal development. These factors may have a genetic basis, or arise during the ante-natal or perinatal period, or may first appear in postnatal life through accident, illness or social circumstances. If the register is not to become unmanageable some assessment of the gravity of the risk is advisable, taking into account the cumulative effect when more than one factor is operative.

Both the 'At Risk' register and the 'Abnormality' register are reviewed at intervals to ensure that all necessary action is being taken. Many of the babies on both registers have been under hospital supervision since birth, but it is still essential that a watchful eye should be kept on their progress, especially where the mother finds regular hospital attendance difficult. A special clinic for handicapped children is held each week at Orchard Place. This combines assessment of progress of the child with support for the parents by advice regarding available services and opportunities for untimed discussion of any particular problem. Details of cases added to the register during the year are given on page 121.

Cervical Cytology.—During 1969, the cervical cytology screening service was continued with special sessions held regularly at fourteen centres and, in addition, tests were carried out on women attending the ante-natal, post-natal and family planning clinics. The test is designed to detect changes in the cells of the cervix, which if untreated, could possibly develop into overt malignancy at a later date. The service also provides an examination of the abdomen, pelvic organs and breasts, and gives the patient an opportunity to discuss any anxieties regarding her general health.

In 1969, 6,779 women were screened, 1,392 more than in the preceding year. The following table shows the number of women in two age groups who attended the different types of clinic.

Clinic	35 *years and over*	*Under* 35	*Total*
Cytology Clinic	2,272	1,116	3,388
Ante-natal and Post-natal Clinic	170	1,143	1,313
Family Planning Clinics	558	1,520	2,078
	3,000	3,779	6,779

It will be seen that 3,388 (50%) women attended the special appointment clinics, 500 more than in 1968, and of these 2,272 (67%) were 35 years of age or over. Of the total 6,779 women examined, 513 (7·5%) had had five pregnancies or more.

The results of the smears taken in 1969 are as follows:—

Negative smears	6,733
Positive smears	12
Suspicious, not proven positive	34

Of the 12 women with positive smears, 9 were over 35 years of age, and 3 under 35 years, the youngest being 29 years old. Ten of the positive results were in women who had requested an appointment (8 of 35 years of age or over, 2 under 35 years) and the other 2 positive results were in tests taken at family planning clinics. All the patients with positive or suspicious results were referred to their own general practitioner with a view to further gynaecological investigation in hospital. The Cytology Department of the Northern General Hospital makes regular follow-up enquiries to confirm that these patients have been referred.

Other abnormalities found on clinical examination included:—

Cervical erosion (large)	272
Cervical polyps	92
Uterine fibroids	38
Trichomonas or monilial infections	137

In addition a number of breast tumours were detected three of which proved to be malignant.

Concern is still felt that the women most 'at risk' because of age, social class or size of family are not necessarily those who most readily come forward for examination. The routine taking of smears from appropriate women attending the ante-natal, post-natal or family planning clinics, does draw in a high proportion of women of social groups four and five, although the ages are preponderantly under 35 years. The problem still remains as how best to influence the attitudes of women aged 35 years and over, especially where social group and parity are additional 'at risk' factors. In the latter part of 1969, a scheme was started by which a direct approach by personal letter was made to women of 35 years and over who were on the list of a group of general practitioners operating in a well-defined area. It is hoped that this more in-

dividual approach combined with an appointment at a nearby clinic, will bring a greater response and indicate one method of attraction. During the year permission was given to offer to women employed in Corporation departments, the opportunity to have the test done in working hours, and similar facilities were arranged by two factories employing substantial numbers of women. There does seem to be a growing awareness amongst factory doctors and welfare officers, of the increased readiness with which women will avail themselves of 'on the spot' tests in working hours, and several large firms are due to be visited next year. Interesting comparisons should be available in 1970 when women in the general practice screen, the Corporation departments and various factories have all been examined.

DENTAL SERVICES

By Mr. E. Copestake,
Principal School Dental Officer

"*Many would be cowards if they had courage enough*"
Thomas Fuller (Gnomologia)

For some years there has been a steady fall in the number of Maternity and Child Welfare patients attending the clinics. The demand for treatment is so small that we can assume there is no difficulty in obtaining it from the general dental service. It is becoming more usual for school children to attend regularly a local practitioner who is conveniently placed. This has advantages when the school leaving age is reached, for the need to switch from the school dentist is avoided and continuity of treatment achieved. A closer look at what is happening, however, reveals that the annual examination of children's teeth in schools is an important factor in stimulating parents to take children for treatment. It is of course immaterial which service is chosen for this. There is to some extent a duplication of the services and the amalgamation of the hospital, local authority and practitioner services, proposed by the current green paper, may result in a better use of personnel and additional facilities being made available to patients. The move towards the provision of more health centres should at least facilitate continuity of treatment and provide a better use of specialist consultant staff.

Care of Special Groups.—The giving of priority status to dental treatment of mothers and children, while fulfilling a useful purpose in 1948 when the National Health Service was introduced, is perhaps no longer necessary. It would however have served a very useful purpose if this status had been given to the mentally subnormal, for both adults and children still have difficulty in obtaining adequate dental treatment, except where a local authority has made provision for it. Sheffield has provided special facilities for regular dental inspection and treatment in the Norfolk Park Training Centre. Following the annual inspection this year, 60 adults and children received courses of treatment, 57 of which were completed. Additional conservative treatment has been provided for the adults in residence at Hollow Meadows by the hospital service and we are obliged to Mr. M. T. Franklin also for attending to a small number of patients considered at serious anaesthetic risk, which he treated at our request at the Middlewood Hospital.

The current trend for school children to attend a general practitioner has been encouraged by the unavoidable closing down of school clinics as the number of staff has fluctuated. Four full time and one part-time dental officers resigned during the year. Three clinics were closed and two others kept open on a part time basis; only two clinics remained open on a full time basis throughout the year, although the mobile clinic was also in use at some of the larger schools.

Prevention.—I should like once more to plead for fluoridation of our water supplies. The school population is rising and, while it is reported at national level that the number of school dental officers is not reduced, there is still no sign of the schools service ever being adequately staffed in our time. It seems likely that there is to be a re-organisation of the health services, but the administrative changes in view are not directed at providing a more adequate service for children or indeed at improving that which is at present available. Today our service merely treats the effects of dental decay, the greater part of which could be avoided by fluoridation. Legislation to make the introduction of fluoridation obligatory by water undertakings would be a valuable gift to children.

MIDWIFERY

By Miss W. Redhead, S.R.N., S.C.M., M.T.D.,
Non-Medical Supervisor of Midwives

"*Children sweeten labours*"

Francis Bacon (Of Parents and Children)

The work of the domiciliary midwifery service followed the anticipated pattern during 1969. The opening of the new maternity wing in May and the General Practitioner Unit in September, at Nether Edge Hospital, produced a further decrease in domiciliary confinements.

Co-operation between general practitioners and domiciliary midwives in the ante-natal care of their patients made progress during the year and a number of midwives are now attending ante-natal clinics at the doctors' surgeries. It is anticipated that more midwives will be able to participate in this type of ante-natal care during 1970, as an increasing number of mothers are referred for examination by their General Practitioners who sometimes arrange to see patients with the midwife.

Staff Changes.—Five midwives left the service during the year; one emigrated to Canada, two accepted other appointments and two left to have babies of their own. Two new appointments were made and the remaining three vacancies were filled early in 1970. Applications for domiciliary posts exceeded available vacancies, despite the changed character of the domiciliary midwife's work.

Radio Telecommunications.—Problems of communication continues to arise in contacting midwives working on their districts. Midwives habitually make their routine calls in the mornings, leaving the afternoons free for clinic duties. When urgent calls are received requiring attention to patients in labour, a considerable time may elapse before a midwife can be contacted. In addition midwives frequently have to return to areas to see patients discharged from hospital during the day who could be visited during the normal rounds, if the information could have been transmitted to the midwives when received. The provision of even a limited number of radio-telephones would help to obviate these difficulties.

Early Discharge.—The total number of mothers discharged from hospital before the 10th day was 5,132, an average of 428 per month and of these, 1,494 were discharged before the 5th day. In 1968 5,544 patients were discharged before the 10th day, an average of 466 per month. The fall in the birth rate could account for the slightly lower figure. Details of hospital discharges are given on page 122.

The following is a summary of visits paid by midwives during 1968 and 1969:—

	1968	1969
Home visits during ante-natal period	11,281	9,097
Nursing visits 10-28 days after confinement	35,828	28,896
Visits to mothers confined in hospital and discharged home before the 10th day	10,809	11,142
Visits to mothers booked by the hospital and discharged home after 48 hours	10,434	10,189
Visits for the purpose of assessing suitability for home confinement and early discharge	3,114	2,850
	74,235	62,174

Pupil Midwives.—Training in conjunction with the three maternity hospitals in the City continued. In December after consultation with the Central Midwives Board, it was decided, as a precautionary measure, to reduce the number of domiciliary confinements required by pupil midwives from ten to six; any pupil failing to acquire ten home deliveries would obtain the remainder in hospital. However, during 1969 all pupils were able to complete 10 or more deliveries during domiciliary training. 43 district teaching midwives assisted in the training of 92 pupil midwives, an increase of 12 pupils compared with 1968. An extended programme of Community Care was instituted, and other sections of the Public Health Department, Children's Department and the Probation Service gave valuable assistance to the new programme.

In conjunction with the Jessop Hospital and the Northern General Hospital 48 nurses undertaking obstetric courses during general training spent a day with the domiciliary service.

Domiciliary Care of Premature Babies.—Five full time midwives and one part-time midwife were kept busy throughout the year. The appointment of a fifth full time midwife and the transfer of a part-time paediatric trained midwife to the service enabled the staff to spend more time on individual babies requiring specialised care. During 1969, 6,142 visits were made to 646 premature and dysmature babies compared with 6,288 visits to 675 babies in 1968. Nineteen students from the Jessop Hospital and Nether Edge Hospital taking courses in the care of premature and sick babies spent a day with the domiciliary Special Care Baby midwives.

HEALTH VISITING

By Miss O. B. de Neumann, S.R.N., S.C.M., H.V.Cert.,
Superintendent Health Visitor

"If you have knowledge, let others light their candles by it"
Thomas Fuller (Gnomologia)

Health visiting is recognised as a service which aims to prevent breakdown and to promote positive health through education. The service is available to families in all social classes and in all age groups. During 1969, 108,739 visits were made by health visitors, details of which are given in the appendix on page 123.

Premature Infants.—Special attention of health visitors is drawn to all notified premature births, and early home visits are made to such infants; good co-operation exists between the domiciliary premature baby midwife and health visitor, who is notified as soon as the specialised midwife ceases to visit.

Mothers Resident in Sheffield.—There were 43 premature babies born alive at home in 1969, and 532 in hospital or nursing home, making a total of 575 premature infants as compared with 650 in 1968. Six small or feeble infants were transferred to hospital and 4 of these survived twenty-eight days. The rate of survival, of very small immature infants, although an improvement on 1968 is still only fair; of the 49 infants weighing 3lbs. 4ozs. or less at birth, only 21 were alive at the end of the twenty-eight days period. There were 101 stillborn babies in all weight groups, 97 occurring in hospitals or nursing homes, and 4 at home. Further information is given on page 124 with regard to the birth weights of premature babies born alive during the year 1969.

Care of the Aged.—Over the past five years, the number of visits made by health visitors to the elderly has risen from 8,762 in 1964 to 15,162 in 1969. Preventive work in this field continues to be inadequate. There is an urgent need for more day assessment centres for the elderly with facilities for screening, counselling and health education. The Johnson Memorial Home will be one such day centre and it is hoped that this will be operational in 1970. There is excellent co-operation between Dr. K. J. G. Milne and Dr. J. R. Cox, Consultant Geriatricians at the Northern General and Nether Edge Hospitals, and the Public Health Department. The Day Centres at both hospitals, together with the policy of short term admissions and the twice weekly domiciliary assessment visits at which a health visitor accompanies the Geriatrician and provides a full background report, has made a realistic reduction in the geriatric hospitals' waiting lists. A senior health visitor keeps in touch weekly with each of the geriatric hospitals and attends all the case conferences. Voluntary agencies continued to supplement the Service, but to be of real value any help given to the elderly must be sustained and co-ordinated with the existing statutory services.

The Meals-on-Wheels Service, in which all recommendations are made by the health visitors, provides a vital and essential service to the wholly or partially house-bound elderly and handicapped. Health visitors made 815 visits in connection with this service and a total of 111,471 meals were provided. Much credit is due to the voluntary staff who deliver the meals—only on one occasion was there failure to deliver meals in some areas and this was due to exceptionally severe weather. The voluntary agencies running luncheon clubs for the ambulant elderly, co-operate very closely with the area health visitors, and it is the health visitor who, because of her knowledge of need amongst old people on her area, has often made the initial recommendations.

Emergency Welfare Service.—This Service, which was introduced in 1968, is designed to meet any emergency situation of a medico social nature, arising outside the usual office hours, where a person on whom others depend for necessary care becomes

ill and is admitted to hospital unexpectedly. The health visitors were involved on 12 occasions during the year. In each of these instances, the nursing auxiliary on standby duty who had been transported by the Ambulance Service from her own home to the emergency, stayed with the patient or family, until relieved by a Home Help at about 8.45 a.m. The health visitor then made an early visit, assessed the situation and initiated any action necessary to maintain the well being of the family.

Liaison with Hospitals.—Almost every hospital or group of hospitals in the City has a weekly visit from a health visitor, who liaises with both the medical social worker and the area health visitors. Health visitors attended on a rota basis paediatric clinics at the three hospitals, and also the assessment centre at Ryegate for physically handicapped children, and were thus able to provide a background history of the child being assessed.

General Practitioner Attachment.—Active co-operation between general practitioners and health visitors increased greatly throughout the year. Many expressed interest in having a health visitor working with them in a group or with single-handed practitioners. Attachment on a large scale is unrealistic until health visitors' work loads are reduced and practices are confined to more restricted geographical areas—one health visitor can have as many as 50 general practitioners concerned with families on her area. Liaison meetings at the Manor and Firth Park Centres to which all the general practitioners working in the areas together with representatives from other statutory and voluntary agencies were invited, proved to be of value in furthering co-operation and reducing duplication of services. At the end of 1969, 5 group practices had the full attachment of a health visitor, two of whom are working from group premises. If 100% full attachment is to be the pattern of the future, either within group practice or in health centres under the administration of Area Health Authorities in the integrated Health Service, the present establishment of health visitors will need to be almost doubled. An opinion has recently been expressed by a team from the Department of Health that the Authority should seek to increase the numbers of health visitors to 100.

Venereal Disease and Contact Tracing.—It is now five years since a health visitor seconded from the Public Health Department was wholly employed in the field of venereal disease contact tracing. Mrs. M. R. Simpson, a part-time health visitor, is at present doing this special aspect of the work. The field of contact tracing and default visiting is difficult—the following figures denote the increase in the work and the success rate achieved over this period.

Number of persons referred for visiting

	1965		1966		1967		1968		1969	
Contacts	21	262	46	277	94	430	80	449	118	477
Others	241		231		336		369		359	
Number of contacts traced and attended clinic	14		27		59		63		96	
Number of others who responded and attended	146		121		212		193		169	
Number of effective visits	345		333		324		468		510	
Number of ineffective visits	227		262		383		609		605	

Total number of visits for 1969: 1,195

An increased demand from the public, predominantly from schools, youth clubs and adult organisations for talks, discussions and films about venereal disease involved the special health visitor on 23 occasions. The expansion of this aspect of the work is of prime importance in the prevention of this growing community health problem.

Health Education.—The specialised classes for adopting parents which commenced in 1968 at the Manor Clinic and are almost unique in the country, continued throughout the year. The attendance was good and well maintained throughout the course. One evening session is arranged in each course of talks and demonstrations to enable the adopting fathers to attend, and the length and depth of discussion following would appear to be proof of their value. Mrs. Presswood, a senior health visitor, organises the talks and at each evening session a marriage guidance counsellor with two adopted children of her own who are now young adults, is invited to lead the group. Her contribution from personal experience evokes the appreciation which it merits.

Health visitors took part, along with district midwives, in 321 talks and demonstrations to ante-natal mothers in preparation for parenthood. One hundred and thirty seven talks with visual aids were given to various youth and adult organisations and included a number of evening sessions. During the year many health visitors, together with school nursing sisters, were involved in teaching a variety of health subjects in schools. Senior health visitors participated in discussions and gave talks to student nurses in the two Schools of Nursing in the City, on some 27 occasions; three broadcasts were made by health visitors on Radio Sheffield on the work of the health visitor and the care of the aged.

Students in Training.—Ten student health visitors sponsored by the Sheffield Authority are at present undergoing training at the Sheffield Polytechnic, and hope to qualify in September, 1970. These should prove a valuable addition to the staff. Liaison between the tutors of the training school and the administrative and field work staff is excellent.

As in previous years a total of 305 students, pupil nurses, medical students and social work students spent a session with the health visitors in order to gain some insight into their work.

In-service Training.—Four health visitors attended Refresher Courses of 2 weeks' duration at Liverpool and Coventry. Four health visitors undertook the six weeks special course of training for Field Work Instructors to enable them to teach the practical side of health visiting to the student health visitors. All health visitors were given opportunities to preview a large number of films shown at the Health Education Centre. For the first time, the Annual Conference of the National Association for Maternal and Child Welfare was held in Sheffield from 8th—10th July, and a number of health visitors attended the lectures on each of the three days. Mrs. Presswood, a senior health visitor, took an active part in the Conference.

Visitors to the Department.—Observational visits were made to many of the Child Welfare Centres by students of various disciplines, including 200 school children. On each occasion a talk was given by a health visitor about the work of the Centre and the social services available to the public.

Maternity and Nursing Homes.—At the end of the year there were 8 registered Nursing Homes in the City providing accommodation for 13 maternity and 151 other beds. No new nursing home was registered during the year. The Superintendent Health Visitor or her deputy carried out the statutory inspections of the nursing homes. Each home received at least 2 visits and 29 visits in all were made during the year.

Nurseries and Child Minders.—A deluge of applications to register as Child Minders was received following the new legislation which became operational on 1st November, 1968, and subsequently 134 registrations were effected. On December 31st, 1969, 92 people were registered as providing part or full day care for 217 children, and 52 premises registered under the Act and functioning as play groups accommodated 1,408 pre-school children. One registration was refused because of the medical condition of the applicant. The expansion of this work, resulted in Miss White, an experienced health visitor, being made responsible for the supervision and routine visiting of all registrations. The local authority endeavours at all times to maintain the high standard so essential for the care of children who come under the provisions of the Act. The Pre-School Playgroups' Association co-operates very closely and welcomes supervision and advice.

The four local authority Day Nurseries and the Day Nursery for handicapped children are under the supervision of the Superintendent Health Visitor. Many of the children are admitted on the recommendation of the health visitor as many have related medical and social problems. I believe that I am not alone in my concern that the introduction of the Local Authority Social Services Bill, under which the day care of children under 5 years and Day Nurseries will no longer be under the umbrella of the health department, may prove to be a retrograde step.

The Staff.—The year began with a staff of 48 full time and 9 part-time health visitors. Four full-time health visitors resigned and eight newly qualified health visitors joined the staff in September, 1969 on the completion of their training at the Sheffield Polytechnic. The year ended with a staff of 53 full-time and 9 part-time health visitors. In addition 9 full-time and 5 part-time State Registered Nurses are employed as clinic nurses to assist the doctors in ante-natal, post-natal, cervical cytology and family planning clinics.

There is great credit due to the staff who in spite of heavy case loads, many with well over 1,000 families, work hard and diligently in order to maintain a good health visiting service. If health visitors are to give the specialised service for which their training prepares them, they must have their present work load reduced drastically and, if they are to provide a complete and comprehensive service, it is essential that clerical help should also be available to them. Some serious thought might be given in the near future to providing each health visitor with a small portable recorder as a tool of work aimed towards more efficiency in the Service. This would enable her to record, immediately after each home visit, the details necessary for records and would therefore eliminate a great deal of her subsequent laborious clerical work. In this way the specialised training of the health visitor would be utilised to the optimum.

HOME NURSING

By Miss M. McGonigle, S.R.N., S.C.M., H.V.Cert., Q.N.Cert.
Superintendent, Home Nursing Service

"For some must watch while some must sleep"
William Shakespeare (Hamlet)

Staff and Administration.—The work of the service continues to be administered from the three Home Nursing Centres. In the spring Mrs. D. Higginbottom resigned and Mrs. B. Wilkinson was appointed as an Assistant Superintendent.

The number of nursing staff employed on day duty at the end of the year was as follows:—full-time state registered nurses, 73; part-time state registered nurses, 10; full-time state enrolled nurses, 32; and part-time state enrolled nurses, 3.

During the year nineteen resignations were received from the nursing staff and thirty new appointments were made. This made good the staff deficiency experienced at the end of 1968, improved morale and helped to ensure that good standards of care were maintained. An increase of eight bathing attendants brought the total establishment to twenty-one, and additional night attendants were appointed in order to maintain an average of twenty per night.

The nurses have worked together in groups throughout 1969 on a five-day week rota of duties. After the initial difficulties in the previous year, during the transition period, this experience has helped to develop a good team spirit and better sense of responsibility. It has been encouraging to find that the nurses effectively plan their annual leave and the relief arrangements thus involved within their own groups. Only rarely have crises arisen which could not be resolved by arranging their own relief within the group, although their resources were sorely tried during the heavy snowfalls and influenza outbreak.

We are also very conscious of the advantages of attaching district nurses to groups of general practitioners. In a local authority service of this size, however, this could not be attempted without detailed study of the project, so work studies were initiated in order to collect and collate facts. It is felt that the staff are gaining valuable experience in their groups which will stand them in good stead for any future developments.

Good communications were maintained because a large proportion of the staff provided themselves with a telephone at home. An allowance is paid for telephone calls made directly in the course of duty, but one wonders in forward planning if it will be necessary to consider providing telephones for some of the district nurses, particularly those to whom responsibilities have been delegated. Extra car allowances were approved in the autumn, thus clearing the waiting list. This was a great step forward, allowing the nursing staff to spend more time in the home situation and at the bedside of patients.

This was a year of change for the members of staff centred at the Johnson Memorial Home. Extensive alterations postponed from 1968 were commenced in the autumn of 1969. The packing and moving operations were tinged with sadness since for many there were happy associations with the house and garden. It is appreciated however that there is another side to this story. Temporary accommodation was provided in the workshops for the blind at Sharrow Lane and this must have seemed to be quite an incursion into the time, space and organisation of the busy and expanding Welfare of Handicapped Persons Service. The Home Nursing Service personnel would like to place on record their appreciation of the patience and tolerance with which they were accommodated.

The Patients.—A monthly average of five hundred new patients makes it imperative that the nursing staff concentrate on rehabilitation of the patient and indirectly also exhort relatives and friends to participate in this process. In every district nurse's case load can be found a nucleus of chronic patients who have become psychologically as well as physically dependent on the service. The proportion of elderly in the community is on the increase and will necessitate the training of the staff in a more positive approach towards this problem. Plans are being made to give some 'in-service' training on these lines in addition to the emphasis already placed upon it in the district nurse training courses. The aim is to enable staff to make good assessments as well as to function well in their practical nursing. The modern disposable equipment has improved the standard of nursing in the home. Sterile disposable syringes and dressing packs ensure good nursing procedures and a saving of time. The incontinence pad service, invaluable to the comfort of the patients, considerably eases the strain on relatives. Amongst the elderly there are many sick and infirm who now spend some periods in hospital, alternating with periods at home. The sharing of care between community and hospital in this way gives a measure of relief from what can often be a period of great strain to a larger number of families.

The increasing needs of the elderly in the community makes one very aware of gaps in the services, recognising fully that other colleagues in the department have their limitations and planning problems. It is regrettable that chiropody service is not available for the housebound patient without a wait of many months. It is also questionable whether extra tasks such as fire lighting and preparing breakfasts should be required of the trained nursing staff at weekends and Bank Holidays. To operate the five-day week rota of duties, nursing tasks have to be streamlined at weekends. It would seem that the actual nursing tasks are receiving less attention than is desirable if nurses are asked to take work that is normally done on week days by the Home Help Service. These are points to be considered in future overall planning.

An orthopaedic consultant surgeon launched a modest pilot scheme in the autumn in which he proposed to discharge patients within two days of certain operations. This would involve daily supervisory visits by the district nurse and, if the experiment proves successful, the waiting list for that particular form of surgery could be shortened considerably.

Night Nursing Service.—This continues to be an invaluable supporting part of the Home Nursing Service and regularly messages of thanks are received from patients and relatives who benefit thereby. The increased number of night attendants has been well used and, where the need is greatest, help has been given to a household for an average of two or three nights per week. The service is used in terminal illness where help is limited or relatives are showing signs of strain, and the elderly constitute by far the largest number of patients. Throughout the year an average of eighty patients were helped in any one month; about half were short term cases, and half chronic sick and elderly who have had the service for long periods. Respect and admiration is felt for the night attendants who arrive at their patients by 10 p.m. and leave at 7 a.m. This service has a large turnover of patients and the attendants are constantly having to go to new cases, using new bus routes, seeking out unfamiliar corners of the City in all weather and a good part of the year in darkness. The problems involved in finding their way around the large new housing projects are considerable, and finding a public telephone in an emergency is often a difficulty. Vandalism continues to play havoc with many public telephones. The night nurses, who experience similar difficulties to the night attendants, continue their rounds of the homes where night attendants are working, giving help, advice and supervision where necessary. It is reassuring that the black Morris 1000 Home Nursing Service cars are now being recognised and acknowledged by the police, as the cars go about the deserted streets in the early hours.

Training, Management and Refresher Courses.—New applicants are interviewed with a view to taking the appropriate training in their grade as early as possible in their term of employment. State registered nurses are prepared for the National District Nurse Certificate arranged by the Department of Health. Sheffield is a lecture centre and accepted student district nurses from Barnsley and Rotherham for the theoretical part of their training. Early in 1969 two district nurses were seconded to Sheffield from Derbyshire County Council for theoretical and practical training. These, together with nine Sheffield students and six from Barnsley and Rotherham, successfully completed their training. As the year ended another group of sixteen district nurses from Sheffield and three from Barnsley and Rotherham were being prepared for the National District Nurse Certificate. A ten-week in-service course of instruction for state enrolled nurses working as district nurses was completed early in the year. All seven enrolled nurses successfully completed the course.

The Superintendent marked district nurse examination papers for Bradford County Borough and the West Riding County Council, and together with the Deputy attended a one-day regional conference for senior nursing officers in Manchester, organised by the Department of Health, in connection with community health services and district nurse training.

One Assistant Superintendent attended a four-week management course and another Assistant Superintendent attended a one-week course in management appreciation—both at the William Rathbone Staff College, Liverpool. Two state registered and three state enrolled nurses attended general refresher courses of one week's duration in Birmingham and Liverpool respectively.

Enquiries from the staff for help and information on the present-day problems of 'Drug Addiction and Dependence' resulted in an interesting meeting being held at the Johnson Memorial Home in May, attended by seventy district nurses. Dr. Marion E. Jepson was in the chair and the meeting was supported by the Medical Officer of Health and senior colleagues in the health visiting service. Dr. A. J. Smith, Senior Lecturer, Department of Pharmacology and Therapeutics, Sheffield University talked of the medical aspects and the Rev. Ian Chisholm, Bishop's Chaplain for Social Responsibility, Sheffield Cathedral, dealt with the social aspects. The interest stimulated could be measured by the full flow of questions and discussion which followed.

Visitors to the Department.—The district nurses are asked to take students from the hospitals regularly, as more emphasis is laid on domiciliary experience in the training of hospital nurses. In 1969 the School of Nursing sent students for one day to the Home Nursing Service, and the Northern General Hospital started an experiment in sending their students for three days at a time. All were in the final year of their training. Pupil nurses preparing for State Enrolment were also seconded to the district for a day, and over the year a total of two hundred and twenty students were involved.

In addition to the visits of students and pupils from the hospitals to districts the Superintendent Home Nursing was invited to talk to students and pupils in Sheffield and Chesterfield on the work of the Home Nursing Service. This improves liaison between the domiciliary scene and the hospitals and in a measure helps some nurses to plan a future career.

The year ended with little room for complacency or apathy, with many important government reports and recommendations including the second green paper. Many of these have some bearing on the work and management structure of the Home Nursing Service. There is an awareness of change ahead and the need to be prepared for it, open minded and flexible enough to welcome change where it is good. One thing seems certain—domiciliary nursing will remain an essential part of the health service.

VACCINATION AND IMMUNISATION

By J. J. McKessack, M.R.C.S., L.R.C.P.,
Assistant Medical Officer and School Medical Officer

"We can only pay our debt to the past by putting the future in debt to ourselves"
Lord Tweedsmuir (Address to the people of Canada on the Coronation of George VI)

The revised immunisation schedule which came into operation on the 1st October, 1968, is being continued.

Age	*Vaccine*
4 months...	Triple (diphtheria/whooping cough/tetanus) Poliomyelitis
6 months...	Triple/poliomyelitis
12 months...	Triple/poliomyelitis
15 months...	Measles
16 months...	Smallpox
5 years (or school entry)	Diphtheria/tetanus, poliomyelitis
4 weeks later	Smallpox re-vaccination
11 years	B.C.G.
14-15 years	Tetanus/poliomyelitis
4 weeks later	Smallpox re-vaccination

Routine immunisation sessions are held at maternity and child welfare centres for pre school children and at school clinics for children of school age. Members of staff visit schools for tuberculin testing and give B.C.G. where indicated.

Measles Vaccination.—It was recommended that measles vaccine be offered to all children up to and including the age of 15 years, who have neither been immunised nor had the natural disease. The vaccine used contains a live attenuated measles virus of the Schwarz strain and is not offered to children below the age of nine months, since they are temporarily protected by the presence of maternally transmitted antibodies and may fail to respond.

Supplies of measles vaccine are now available and sufficient to comply with present demands but acceptance, although higher than 1968, is disappointing and needs to be substantially increased if we are to eradicate this disease or significantly reduce its incidence.

Measles Vaccination.—Number of persons vaccinated:—

		Age Groups	
At maternity and child welfare centres ...	2,255	0—4... ...	2,924
At school health clinics	1,455	5—15 ...	1,931
At hospitals	1	Over 15 yrs.	40
By general practitioners	1,184		
TOTAL	4,895		

In the combined years 1968 and 1969, total immunisation in age groups is as follows:—

0—4	5,399
5—15	5,013
Over 15 yrs. ...	47
TOTAL	10,459

Smallpox Vaccination.—It is not considered desirable to carry out primary vaccination against smallpox either at school entry or later in school life because of the greater risk of encephalitis. Revaccination, however, is now recommended at school entry and at 14-15 years.

This year there were 1,002 fewer vaccinations in children 1-4 years of age. In 1968 it was estimated that vaccination status in this group had fallen to 42·6%, well below that required for herd immunity. This has again fallen to 32% in 1969. The revaccination programme, if fully implemented however, will ensure that a much higher rate of immunity is carried into young adult life, reinforcing the number of immune adults. (In the last 20 years, primary vaccinations totalled 87,889 while revaccinations were only 40,000).

Details are given in the appendix on page 125.

Yellow Fever.—Under the International Sanitary Regulations vaccination against yellow fever can be afforded any person who intends to visit areas where this disease is endemic. Sheffield is a designated vaccination centre and sessions are held each Tuesday between 4.00 and 5.00 p.m. by appointment at Orchard Place Welfare Centre, Sheffield 1. The fee for this vaccination is £1/1/0. The International Certificate is valid for 10 years beginning ten days after vaccination or on the day of revaccination.

	1969	1968	1967
Persons vaccinated	609	644	494

Diphtheria, Whooping Cough and Tetanus.—The following table indicates the number of children under 16 years of age who received a full course of protective immunisation. The lower figure in 1969 compared with 1968 reflects the fact that the course of immunisation is not now completed until 12 months of age.

Primary Course	1969	1968	1967
Diphtheria/whooping cough/tetanus	3,820	7,122	7,332
Diphtheria/tetanus	323	352	497
Tetanus toxoid	333	210	1,625
Booster Doses			
Diphtheria/tetanus	2,818	4,755	3,305
Diphtheria/whooping cough/tetanus	4,269	4,955	4,296
Diphtheria	28	37	26
Tetanus	1,044	903	1,850

The contribution made in 1969 by the various branches of the health services is indicated with special reference to diphtheria.

	Primary	*Reinforcing*
By general practitioners	1,915	2,745
At maternity and child welfare centres	1,880	2,378
At school health clinics	327	1,987
At hospitals	38	8
TOTALS	4,160	7,118

Poliomyelitis.—The programme of immunisation against poliomyelitis in schoolchildren was renewed in mid 1969 to ensure as near full protection of as many susceptibles as possible. This would redress any imbalance in herd immunity that has resulted from interference of the normal programme by a crash measles campaign in 1968 and at the same time alleviate concern felt over an apparent gap in the protective shield. The lower figure of vaccinees in 1969 compared with that of 1967 reflects a change of vaccination procedure introduced to prevent administration of vaccine to children where an immune state had already been achieved.

The rising incidence or stationary level of cases reported in tropical and subtropical countries, and at the same time easing of access to these lands by air travel, emphasises the constant need for vigilance in this field. Details are given in the appendix on page 125.

B.C.G.—Full details of B.C.G. vaccination are given in the section dealing with the prevention of tuberculosis (page 55).

AMBULANCE SERVICE

By F. C. Kelsey, F.I.A.O.,
Chief Ambulance Officer

"Now, here, you see, it takes all the running you can do, to keep in the same place"
Lewis Carroll (Through the Looking Glass)

The year 1969 proved to be quite an eventful one for the Service.

The National Joint Council for Local Authorities Services (Manual Workers) issued several circulars which recognised the recommendations of the 'Millar' Working Party on Ambulance Training, leading to the award of a proficiency certificate, and a revised pay structure was introduced in which pay was related to the standard of training and the range of duties and experience required. All the operational staff were assessed and placed in the appropriate category.

The demands on the Service continued to increase; 1,311 (0·6%) more patients were carried than in 1968 and the distance travelled showed an increase of 37,923 miles (4·1%). Tuesday and Thursday continue to be the busiest days in the week and, despite many efforts, it has not been possible to re-adjust the various clinics in order to make a more equitable arrangement. On Tuesday, July 1st, for the first time in the history of the Service over 1,000 patients were carried on one day, but this figure has been exceeded on several subsequent Tuesdays.

In certain periods during February, March and November, road conditions were very treacherous due to snow and ice, and towards the end of December there was a severe outbreak of influenza and allied illnesses amongst the population. Many of the staff were affected and at one time about a quarter were unable to report for duty. These incidents resulted in an increase of accident and emergency work and on certain days some of the out-patient journeys had to be cancelled.

In order to improve telephone facilities at Central Control, the old telephone switchboard, was replaced by a modern Private Manual Branch Exchange which provides 7 exchange lines, 9 internal extensions and 9 direct lines to certain hospitals, the police information room and the Town Hall. The structural alterations which were necessary to accommodate the new switchboard have doubled the area of the Control Room and greatly improved the working conditions.

The printing by the data processing machine of transport requests for patients requiring regular visits to hospital has reduced the time consuming work of writing these out, and has ensured that the relevant information given has been correctly recorded.

In June work commenced on a purpose built ambulance station situated on Batemoor Road, Norton, which is on the southern side of the City. This was deemed to be necessary in order to provide a more efficient emergency service to that part of the City, because of the worsening traffic conditions with the resultant difficulties in responding to urgent calls from a central City station.

The new station, which opened on 1st January, 1970, accommodates 12 ambulance vehicles and a total staff of 33 drivers, and provides emergency cover during the 24 hour period as well as a day service for the transport of out-patients and non-urgent cases from the housing estates which have been built in the area.

Ambulance Liaison Officers.—The ambulance liaison officer at the Northern General Hospital has been able to integrate the requirements of the various departments and clinics; and this has led to a better deployment of staff and ambulances, resulting in improved service both to hospital clinics and the patients. In view of the large number of clinics now being held at the Hallamshire Hospital with a consequent increase in the number of patients requiring transport, arrangements were instigated for the appointment of a liaison officer to be based at this hospital and the post was filled on 2nd March, 1970.

Statistics.—The following tables show the continued upward trend in the number of cases carried and the mileage covered as compared with 1968 and at five yearly intervals since the inception of the National Health Service.

On whose behalf	*Year* 1968		*Year* 1969	
	Number of patients carried	*Mileage run*	*Number of patients carried*	*Mileage run*
Sheffield City Council...	221,540	916,737	222,889	954,296
West Riding County Council	291	2,916	232	2,488
Derbyshire County Council	20	442	26	509
Other authorities	32	1,257	47	1,982
TOTALS	221,883	921,352	223,194	959,275

Year	*Number of patients carried*	*Mileage run*
1949	98,649	481,282
1954	136,847	548,313
1959	159,574	613,056
1964	177,420	738,468
1969	223,194	959,275

Emergency Calls.—Ambulances conveyed 15,198 emergency casualties to hospital as a result of either accident, sudden illness, and maternity cases booked for hospital confinement.

Long Distance Journeys.—116 patients were conveyed a total distance of 21,588 miles by road, and arrangements were made to convey 127 patients by train with a resultant saving to the ambulance service of 21,768 miles. Members of the British Red Cross Society again acted as escorts to patients who were unable to travel alone by train. The arrangement continued to operate whereby Sheffield ambulances met patients from neighbouring authorities at the Sheffield railway stations and conveyed them to a hospital in the City for treatment and then returned them to the station for their journey home.

Domiciliary Midwifery Services.—1,417 requests were received for the services of a midwife between the hours of 7.00 p.m. and 8.00 a.m.; the appropriate midwife was informed and transport was provided on 1,030 occasions, mostly for pupil midwives. 34 journeys were made to carry premature baby equipment.

Flying Squad Journeys.—Transport was provided on 79 occasions to convey an emergency obstetric team and apparatus to a patient's home in order that expert medical attention and/or a blood transfusion could be provided before moving the patient.

Emergency Welfare Service.—Transport was arranged on 32 occasions during the night hours to convey a nursing auxiliary to provide emergency care for old people in their own homes until more satisfactory provision could be made the following morning.

Staff.—At 31st December, 1969 the staff establishment was 143 and comprised 2 Senior Officers, 4 General Administration, 3 Appointments staff, 1 switchboard operator, 4 Station Officers, 11 Shift Leaders, 55 Rotary Shift Drivers, 8 Alternating Shift Drivers and 55 Day Rota Drivers.

The training of drivers in ambulance aid continued during the year. Ten drivers attended a six week's training course at the West Riding Training School at Cleckheaton and 18 drivers who have had between two and five years experience on operational duties attended a two week's refresher course at the same school.

37 drivers with more than five years operational service were assessed as being proficient in ambulance aid and altogether 62 serving members are in possession of a certificate of proficiency awarded by the Ambulance Service Advisory Committee. One shift leader has qualified for an Instructor's certificate.

Local induction training on a voluntary basis continued during the year. An inter-squad competition was again organised and the winning team represented the Service at the National Competition.

The Chief Ambulance Officer attended a Senior Ambulance Officer's Study arranged by the Department of Health and Social Security and held at the Home Office Civil Defence School, Easingwold from 1st—5th December.

Safe Driving.—106 drivers were entered for the 1969 Safe Driving Competition and 76 qualified for awards as follows:—

Silver Bar (26 years)	1	Oak Leaf Bar (11-14 years) ...	6
Star Bar (21-24 years)	2	Bar to 5 year Medal (6-9 years) ...	6
20 Year Brooch	1	5 Year Medal	7
Special Bar (16-19 years)	2	Diplomas (1-4 years)	51

30 drivers were withdrawn from the competition or failed to qualify.

Vehicles.—During the year seven ambulance vehicles were replaced. At 31st December, 1969, the fleet was made up of 60 vehicles as follows:—

Ambulances (2 man)	11
Dual-purpose vehicles	28
Omnicoaches	21

The maintenance and servicing of the fleet was carried out by the staff of the Public Health Transport Repair Workshop.

Public Relations.—Representatives of the Service again gave talks and demonstrations to over 3,000 people including student teachers, pupil midwives, hospital sisters on Nursing Management Courses, police cadets and members of mountain rescue teams, apprentices on engineering industrial training board courses, youth clubs, wives groups and some classes of school children.

CARE AND AFTER CARE

"Some day I hope to write a book where the royalties will pay for the copies I give away"
Clarence Darrow

Under Section 28 of the National Health Act, provision has been made for a variety of care and after-care services following illness. Those relating to the tuberculous are referred to on page 56 and the after-care of mental illness on page 70. The service for the supply of incontinence pads, introduced in 1965, developed still further during the year as did other services—chiropody, convalescence, 'meals on wheels' and the loan of nursing equipment.

CHIROPODY

The chiropody service has been operating since July, 1960. Treatment is restricted to the elderly, the physically handicapped and expectant mothers. A health visitor calls on each applicant, explains the scope of the scheme and makes an assessment of the degree of priority. Anyone making an application at the centres in person is seen by the health visitor if possible at the time.

The demand for the service has increased rapidly since its inception. At the end of 1961 (the first full year of service) 1,947 patients were receiving treatment and by comparison at the end of 1968 there were 5,712 patients and 5,900 patients at the end of 1969. Only three of the 1,546 applications received during 1969 were not recommended. At the end of the year there were 450 patients awaiting a first treatment at the clinics and 88 domiciliary patients awaiting their first treatment.

In April, 1963, the City Council took over the chiropody service provided by the Council of Social Service in their clubs for old people. This was determined by the retirement of the chiropodist who had provided chiropody service in some of these clubs for a number of years.

The physically handicapped attending the centres at Manor and Firth Park are given treatment at the clinic sessions held at these centres and in January, 1969, a weekly session was commenced at the Psalter Lane handicapped persons centre.

One full-time and one part-time chiropodist resigned during the year and three part-time chiropodists were appointed. At the end of the year the staff consisted of five full-time chiropodists and eight part-time chiropodists working a total of 31½ sessions weekly.

Sessions were arranged weekly as follows:—

	31*st Dec.* 1967	31*st Dec.* 1968	31*st Dec.* 1969
Orchard Place	12	12	14
Manor	7	7½	9
Firth Park	8	8	8
Frecheville	3	2½	2
Greenhill	3	3	3
Hackenthorpe	1	1	1
Hyde Park	2	2	2
Newfield Green	2	2	2
Southey	2	2	2
Walkley	1	1	2
Wheata	1	1	1
Psalter Lane Handicapped Persons Centre ...	—	—	1
Clubs	—	—	3
Domiciliary	30	38	31½
	72	80	81½

The number of patients treated and treatments given during the year were as follows:—

	No. of Patients	*First Treatments*	*Subsequent Treatments*	*Total Treatments*
Orchard Place	1,061	279	4,048	4,327
Manor	758	122	2,433	2,555
Firth Park	828	91	2,797	2,888
Frecheville	152	13	610	623
Greenhill	218	23	792	815
Hackenthorpe	65	3	272	275
Hyde Park	133	13	550	563
Newfield Green	153	14	564	578
Southey	162	23	632	655
Walkley	142	44	521	565
Wheata	74	6	292	298
Psalter Lane	69	—	223	223
Clubs	128	76	229	305
Domiciliary	1,987	452	3,590	4,042
Council of Social Service ...	257	—	900	900
	6,187	1,159	18,453	19,612

These patients included 97 patients who were physically handicapped but not elderly and two expectant mothers.

PROVISION OF NURSING REQUISITES FOR PERSONS NURSED OR CONFINED AT HOME

Nursing requisites are available for loan either from depots directly under the administration of the City Council or from certain voluntary organisations acting as agents of the Authority. These depots are established at the Orchard Place, Firth Park and Manor Maternity and Child Welfare Centres, at Johnson Memorial Nurses' Home and at Norton Rectory. The voluntary agencies participating in this scheme are the Sheffield and District Convalescent and Hospital Services Council (89/91, Division Street), the Darnall and District Medical Aid Society (Fisher Lane, Darnall) and the British Red Cross Society (53, Clarkegrove Road).

Articles are loaned free of charge. There is no limitation on the period for which articles may be loaned but the application must be renewed at three monthly intervals. The number of items loaned from the City Council's depots was 7,246 during 1969 compared with 7,411 in 1968. As will be seen from the table below there was a considerable decrease in the number of rubber sheets and bedpans loaned. A plastic sheet included in the maternity pack for confinement cases now obviates the need for rubber sheets and fewer bedpans were loaned because of the reduction in domiciliary confinements.

The items may be classified as follows:—

Nursing requisites	*Loaned by the City Council*		*Loaned by Voluntary* organisations*	
	1968	1969	1968	1969
Bed pans, rubber sheets and other articles required by patients confined to bed	4,617	4,042	730	664
Commodes	1,109	1,323	—	—
Dunlopillo mattresses	393	403	—	—
Invalid chairs	461	467	121	129
Walking aids	831	1,011	796	804
	7,411	7,246	1,647	1,597

*—Figures supplied by Sheffield and District Convalescent and Hospital Services Council

147 fireguards were loaned, including 38 for children.

In addition to bedsteads and bedding loaned to assist in the segregation of tuberculous patients (see page 56), bedsteads, with or without self-lifting attachments, and mattresses are loaned to other patients to allow earlier discharge from hospital or to facilitate home nursing care.

Incontinence Pads.—A service for the supply of incontinence pads commenced in May, 1965. It was realised in planning the service that the disposal of soiled dressings in houses subject to smoke control orders would present considerable problems and in consequence it was decided that a delivery and collection service should be provided. Water-proofed paper bags were supplied for the soiled pads and these were taken to the Cleansing Department's destructor for disposal. Information concerning the service was circulated to all general practitioners and the department's nursing services. Home nurses or health visitors recommending this service were asked to indicate the number of pads required daily and, when a recommendation came from other sources, it was arranged that a health visitor would visit and assess the need. Since January, 1966, alternate-day delivery has been in operation over the whole City.

The number of patients on the delivery list rose from 297 to 393 during the year and the total number of patients who had benefited from the service was 1,309 compared with 907 in 1968. The average number of pads issued daily was three per patient and the total number of pads issued during the year was approximately 320,000. At the end of the year there were six daily rounds with approximately 70 calls on each round. These calls did include some cases where soiled dressings were collected.

In August, 1966, the incontinence pad service was extended to provide protective panties and interliners to certain categories of patients, e.g. those suffering from paraplegia or disseminated sclerosis who, although ambulant, require protective clothing.

CONVALESCENCE FACILITIES

These are provided for persons who have been ill, but whose active period of treatment is over, and for those who suffer from chronic ailments. A weekly charge scale is laid down, the amount payable being assessed according to family income. Patients are accepted for an initial period of two weeks, with provision for extending this if recommended by the medical officer of the convalescent home.

During the year there were 162 admissions (39 males, 123 females) including 12 married couples compared with 174 admissions (37 males, 137 females) in 1968. There were 47 patients below retirement age (20 males, 27 females) and 115 who were above retirement age (19 males, 96 females). 61 patients had been for convalescence on one or more occasions previously by arrangement with the department. A more realistic scale of allowances was introduced during the year and, as a result, there were no cases where assessed fees were reduced.

The majority of applications were received during the summer months but, as the number of applicants was less than in previous years, the waiting period for admission was not so long. The convalescent homes used were the same as in previous years.

MEALS ON WHEELS

A comprehensive service of "meals on wheels" was inaugurated in April, 1959 after a pilot scheme had been in operation for some time. The Sheffield Council of Social Service undertake the cooking and distribution of the meals, whilst the local

authority finance the scheme and provide the transport. The number of vehicles provided by the local authority was ten.

At the end of the year, the number of persons receiving meals was 1,147. Two meals were provided for each person per week and over the year 111,471 meals were served.

The service is particularly beneficial to elderly people from geriatric units and others who are wholly or partially housebound on account of frailty or infirmity. Special diets are provided where necessary.

TUBERCULOSIS CONTROL

By J. J. McKessack, M.R.C.S., L.R.C.P.,
Assistant Medical Officer and School Medical Officer

"In cases of defence 'tis best to weigh
The enemy more mighty than he seems"

William Shakespeare (Henry V)

Notified cases of pulmonary tuberculosis in 1969 were 116 compared with 159 in 1968; non-pulmonary cases were 32 compared with 30 in 1968.

The following table illustrates the numbers of new notifications, the incidence per 100,000 of population, and the total number of deaths:—

Notifications and Deaths

Year	*Pulmonary*	*Incidence per 100,000*	*Other Forms*	*All Forms*	*Deaths*
1965	174	36	30	204	23
1966	172	35	24	196	35
1967	133	25	28	161	13
1968	159	30	30	189	16
1969	116	22	32	148	18

Immigrants.—37 immigrants, 26 (70%) of whom came from Pakistan, were notified as suffering from tuberculosis in 1969. Of the total number of notifications of pulmonary tuberculosis, 18% were immigrants. Males predominated and it is significant that half the total cases of pulmonary tuberculosis in the age range 14—44 years were immigrants. Details of these, by country of origin are shown in the appendix on page 126.

Transfers In.—A total of four cases previously notified in other areas came within the City boundary during the year; there were three immigrant transfers.

Liaison Meetings.—Quarterly meetings of the Liaison Committee, under the chairmanship of the Deputy Medical Officer of Health continue to be held attended by Dr. R. H. Townshend, consultant chest physician, Dr. J. Lorber, Reader in Child Health from the Children's Hospital and other medical and nursing officers of the health department. These meetings bring together those interested in, and concerned with, the prevention and control of tuberculosis.

Chronic Positive Register.—Dr. R. H. Townshend, Consultant Chest Physician writes:—

"Chronic active cases of pulmonary tuberculosis as at 31/12/69—Sheffield cases 17.

Comparative figures:—

1963	1964	1965	1966	1967	1968	1969
69	56	48	39	31	26	17

Two new cases were added to the list during 1969, six cases converted to sputum negative during the year and five chronic positive cases died."

Contact Tracing.—Examinations and/or X-ray of contacts were carried out at the following centres:—

Chest Clinic, Royal Infirmary	407
Children's Hospital	—
Mass Radiography Centre	164
Other hospitals	6
TOTAL	577

The results of these 577 cases are:—

No abnormality found	571
New cases notified	—
Recalled for further investigation	6

Rehousing.—During the year five positive sputum cases of tuberculosis were recommended for re-housing. As on 31st December, 1969 there were 230 such families living in Corporation houses, having been granted priority rehousing on medical grounds. A number of cases have now recovered but have been allowed to continue their tenancies.

Provision of Equipment.—Patients suffering from infectious tuberculosis and treated at home, are loaned such items of equipment as mattresses, sheets, blankets and pillows.

Care and After-Care.—After treatment many patients are unable to return to their previous employment. Some were referred to the local authority centre at Psalter Lane until January 1970 when the T.B. Group was discontinued and the patients were absorbed into the other centres for handicapped persons, others are placed at the Remploy factory in Sheffield, while others are found employment through the Disablement Resettlement Officer of the Department of Employment and Productivity.

Special Investigations

(1) A nineteen year old female laboratory technician who was also a pupil at a College of Further Education was advised, because of a persistent cough, to attend the Mass Radiography Unit. Her X-ray indicated active pulmonary tuberculosis, despite the fact that B.C.G. had been given in 1964.

Contact tracing including home environment involved 107 persons whose ages ranged from two to seventy-eight years. Analysis of the findings showed that of those under 30 years of age 54% had had previous B.C.G., 30·5% had been skin tested but no B.C.G. given and 15·5% had not been tested. In persons over 30 years, 6·1% had received B.C.G., 9·3% skin tested but no B.C.G. given, 78·5% had not been tested and 6·1% were unable to remember whether tests had been carried out or not. Out of 35 contacts Heaf tested (no previous B.C.G.), 21 were positive; 18 of these had a history of positive skin readings at school, but the remaining three had not previously been skin tested. There were no abnormal chest films. There was a definite history of contact with tuberculosis in 21 out of the 35 tested, but the source of the infection in this investigation was not traced.

(2) Following the sudden death of a 50 year old woman who had been employed at an infant school autopsy showed the cause of death to be due to a massive pulmonary haemorrhage from what appeared to be a tuberculous abscess. Her nine year old daughter was Heaf negative and all investigations carried out on her home contacts were also negative. In the infant school in which the woman was employed there was a positive reactor rate of 4·5%. Further histology proved the lesion to be a chronic non-tuberculous abscess of perhaps fungal origin.

(3) A thirteen year old boy was found at a routine school examination to be a Heaf III reactor and was recalled by the Mass Radiography Unit after the finding of calcified foci in both lungs. There was no evidence of activity. Investigation of all members of the family produced negative results, and the positive reactor rate at his school was 4·1%. Two months later he presented at an out-of-City hospital with a mild urinary tract infection. Routine urinary analysis and culture showed the presence of acid fast bacilli later confirmed as tubercle and the boy was admitted to hospital where a nephrectomy was advised.

(4) An eleven year old girl manifested an allergic reaction following B.C.G. vaccination. She was Heaf negative. The earliest symptoms, i.e. sneezing, lacrymation, periorbital oedema, headache and nausea, occurred about ten minutes after vaccination. Later, a spreading urticaria, affecting upper and lower limbs and abdomen appeared. She responded to anti-histamine therapy although the urticaria persisted for two days. The child was known to be sensitive to penicillin but a very detailed investigation failed to show any possible contact with even a minute trace of this and the cause of the allergy remains undetermined.

(5) A survey of 106 immigrant families was undertaken towards the end of the year. Medical staff who visited the families Tine tested children and young adults and offered B.C.G. where indicated, and older members were advised about X-ray facilities. The families were most co-operative but a major difficulty encountered was the frequent changes of addresses since many were in temporary accommodation.

B.C.G. Vaccination of Schoolchildren

In January, 1969 it was decided to vaccinate all Heaf I reactors who had not received previous B.C.G. A weak sensitivity to human tuberculin in non-vaccinated persons, exemplified by Heaf I reactors, is now considered to be due, not to previous infection with tuberculosis, but to infection with other antigenically related micro-organisms. Children exhibiting this weak tuberculin sensitivity are less likely to develop tuberculosis than those with a negative tuberculin test, but the protection conferred by this type of infection is less than that resulting from B.C.G. vaccination.

Number tuberculin tested	4,945
Positive reactor (previous B.C.G.)	471
Positive reactor (no previous B.C.G.)	336
Positive reactor rate (no previous B.C.G.)	6·7%
Negative reactors	4,138
Number vaccinated (including 136 Heaf I reactors)	4,274

In addition 47 negative reactors who had received previous B.C.G. were revaccinated. The positive reactors graded as II to IV numbered 200 (4% of the total tested).

In a follow up of 120 Heaf I vaccinated pupils the degree and extent of reaction in vaccination areas was compared with an equivalent number of Heaf negative controls and no significant difference was found between the two groups—Heaf I 6·6 m.m. mean diameter and Heaf negative 5·9 m.m. mean diameter.

X-ray of positive reactors.

The proportion of positive reactors referred for chest X-ray who attended was 81%.

The results of the chest X-rays were as follows:—

Normal film	204
Non-active tuberculosis. Calcified pulmonary foci	1

There were no cases of active tuberculosis.

696 children and older contacts of positive reactors were followed up, but no active cases of tuberculosis were brought to light. ...

B.C.G. Vaccination of Students in Establishments for Further Education

The scheme of visiting establishments for further education to test and vaccinate full-time students was continued:—

Number tested	45
Positive reactors (previous B.C.G.)	21
Positive reactors (no previous B.C.G.)	8
Negative reactors	16
Number vaccinated	15

THE SOCIAL PROBLEM GROUP

By Catherine H. Wright, M.B., Ch.B., D.P.H.,
Senior Assistant Medical Officer, Maternity & Child Welfare

"*By perseverance the snail reached the ark*"
C. H. Spurgeon (Salt-cellars)

In respect of the problem family unit there is little in the way of change or progress to report. Progress is compounded of expansion and experiment, but in view of the uncertain future the position has been allowed to remain fairly static.

The two social workers maintaining the principle of carrying case loads which allow for intensive visiting have made 1,664 home visits including evening visits. They have interviewed parents at the clinic on 402 occasions and have made 2,641 contacts with other agencies on families' behalf. Eight new cases have been opened for regular visiting and in other cases health visitors have been advised as to means of solving specific difficulties.

The case workers have each now a caseload consisting in the main of families which they have been supporting for a number of years and which they must continue to visit. Parents who seem to have learned how to sort out their domestic ups and downs and can for a time be seen at longer intervals, eventually sooner or later return once more in trouble. Such families now have members who are married and these in turn face difficulties of their own. Quite naturally they turn to a known source of help. These too youthful couples, dependent on a paterfamilias earning—if at all—at best the wages of an unskilled adolescent, present a depressing picture.

The following four cases opened during the year illustrate a diversity of needs:—

CASE 1. This household consists of a single woman, her cohabitee and two children of the association. Two other children of the mother are already in care. The health visitor was concerned about the children aged one year and one month respectively, as she felt the mother to be incapable of giving them adequate care without a good deal of support. The family live in squalid conditions in poor accommodation but pay a high rent for it. The mother is of poor intelligence and the father seldom works. The latter turned out to have been the cohabitee in another family visited several years ago—having spent some time with his lawful wife in the interval.

CASE 2. A mother of three children came of her own accord to the clinic asking for an interview with a social worker. She was worried about heavy rent arrears of which her husband was unaware as he was allocating sufficient money for this. She was full of criticism of her husband, but it became apparent after a visit to her very dirty home that she was a poor housekeeper and irresponsible spender. The husband worked well and steadily. Help was given in reducing the many debts but eventually domestic friction caused the wife to leave home with the three children, taking with her the contents of the gas meter. She is still living apart from her husband and at present she is having the attention of the Probation Service and the Children's Department. The husband is co-operating in clearing the remaining debts for which he is legally responsible.

CASE 3. The mother, aged 17, of this family is the daughter of a family well known for a number of years. She married after a short acquaintance a man severely disabled by an accident at work and who is mentally unbalanced possibly as a result of this. Their one child is very underweight and the N.S.P.C.C. has been involved because of reports that the parents have left it unattended at night. The future looks distinctly bleak for this family.

CASE 4. A widow with a daughter who has an illegitimate child came seeking help because of quarrels at home about the care of the young child. The mother was working during the day and seldom at home during the evening. It was hoped that the social worker might be able to influence the young mother to show more responsibility towards her own child.

More than half of the social workers' time is spent propping the larger than average sized families whose problems are always with them. In one such family during the last three months of the year the social worker was instrumental in saving the father from imprisonment for debt on three occasions. Two electricity debts were settled as was a debt for a T.V. set. The rent—always about £20 in arrears—was kept from falling any further behind and money was saved for a T.V. licence and fuel bills. In this case the family lives continuously on Social Security allowance.

In another family, which had been visited for many years—the mother a widow left home during 1969 abandoning six children, the eldest being a single girl of 21. The latter, who had a child of her own, undertook to look after the others and has with support continued to do so. The children are well cared for and less disturbed since their mother left home. This household also is supported by Social Security only.

As in previous years the unit has been aided in various ways by organisations seeking to help those in need. Students, church groups, the Hallamshire Ladies' Circle, the Variety Club and the Lions Club, and others, have been generous in providing outings, clothing and toys for the children of our families.

The children's club meets on two evenings each week and Youth Hostel weekends were spent at Buxton and Edale.

There was a time when we collected second hand prams and baby clothes. Because family planning is now accepted by almost all the families visited as a rational procedure these are seldom required. This at least is new.

HOME HELP AND HOME WARDEN SERVICE

By Miss D. J. Parker, Superintendent Organiser

"'If seven maids with seven mops
Swept it for half a year,
Do you suppose', the Walrus said,
'That they could get it clear?'"

Lewis Carroll (The Walrus and the Carpenter)

In 1969 2,873 requests for assistance were made and, of these, 2,130 applicants were given help. This brought the total number of patients receiving the service during the year to 6,162. The number of home helps has increased from 627 to 781 and the home wardens from 36 to 42.

At the same time there has been no increase in organising or clerical staff and this considerable achievement reflects greatly to the credit of the existing staff who have worked many hours beyond their normal duty. Regretfully it has had repercussions since quite understandably a few have felt unable to withstand the increasing pressures and volume of work. The Institute of Home Help Organisers recommended that the case load of an Organiser should not exceed 200 patients but at the present time our Organisers are dealing with over 500 patients. The high standard that has been maintained by this service over the years has inevitably led to a greater demand and, if this standard is to be maintained, not to mention improved, a thorough appraisal must be made of the organisation to meet the calls on the service in the 1970s.

Allocation of help to the elderly—The increased number of home helps have provided not only assistance to more patients, but also has enabled us to provide more than the basic service in each home.

Confused elderly people living alone present complex problems in that their physical condition demands attention. Moreover, some live in conditions of squalor where the equipment available is very inadequate, and this makes working conditions depressing and difficult. Even today, many houses lack hot water supplies and still have the old fashioned Yorkshire ranges.

It is sometimes necessary to give an intensive service with a home help and home warden calling at least twice a day. The helps attending these elderly patients become attached and genuinely fond of them despite the problems they often present.

Hypothermia.—There were exceptionally cold spells of weather in February, March and November and in these periods the home helps were particularly alerted to the dangers of hypothermia. Visual displays were arranged in each Area Office in order to keep this problem to the fore. The helps were keenly interested in the action to be taken and the advice to be given to prevent this emergency arising—and are as a body a valuable instrument of health education of the elderly.

Attendance at Day Hospitals.—An increasing number of patients are now attending day hospitals and, whilst this relieves the Home Help Service in some ways, it adds to its problems in others—the most difficult of these being the time factor. Generally the ambulance arrives by 9.00 a.m. but sometimes it is delayed and may not arrive before midday. In the latter case, if the patient is senile and confused, the help is unable to leave so her work with other patients is disrupted. Daily attendance at hospital does not always benefit the patient because of the upset and travelling involved, and sometimes they become tired and request a reduction or make excuses for not attending. On the other hand, when they are only attending two or three days in the week, they do seem to derive benefit and look forward to their day out. As an incidental there is a reduction in the need for incontinent washing by the helps.

Laundry Service.—During the year, housebound and incontinent patients used this service and 7,241 articles were laundered. This service is a boon to home helps who are

working where facilities are limited. It ensures that the patients are kept in clean clothing and bedding, and leaves the help time to concentrate on feeding and caring for the patients and the home. This service is limited and designed to cover the immediate needs of patients and is not to be used as an 'open laundry' to wash every single thing in the house.

Charges.—A revised assessment scale came into operation towards the end of the year reducing the maximum charge from 7/- to 6/- per hour, and this was much appreciated by the full fee paying patients. The increase in the minimum charge to 1/- per hour and the slight increase in the middle scales affected some patients but without undue complaint; approximately 90% of the total cases still receive the service free of charge. A strong feeling persists however that capital savings should not be taken into account because this gives a free service to those who have spent all and have made no attempt to provide means to care for themselves. The charges for maternity cases may have deterred some applicants but, in the majority of cases, the husband's wages were high and there were no signs of hardship to warrant reduction.

Home Helps.—Occasional meetings of all home helps were arranged in their individual areas, and with their representatives more frequently. This has led to wider dissemination of information and more satisfactory discussions between helps and the Organisers. Speakers from other welfare services are welcome and keep the staff aware of any new development. Social activities, even minor ones such as cups of tea and mince pies on the payday before Christmas, are encouraged and do much to maintain morale and hold the staff together.

New problems are always arising and causing minor irritations to the helps. They need to use telephones frequently and vandalism directed towards telephone kiosks may often make finding a telephone in working order a time consuming and tiring job. The teachers' strike made things difficult for many of the helps with children but nearly everyone went to great lengths to make satisfactory arrangements to enable them to carry on working. Postal delays are frequently experienced and cause considerable inconvenience and sometimes hardship to helps and patients and necessitate re-arrangement of duties.

The Home Helps International Conference in London is looming ahead in 1970 and a number of helps have submitted essays in the competition to select those who will attend. These essays vividly demonstrate the feeling of the helps about their work and the great care they give to their patients. Five home helps from Sheffield will be attending the Conference.

The Future.—It is becoming increasingly obvious there are differing grades of responsibility in a home help's work, different standards of work required to meet the varying social conditions, and different training schemes needed to equip the home helps wth the knowledge and skills to meet all problems. It is essential to look beyond the flat rate hourly paid system to make more realistic payment to the practical competent helps who are tackling jobs far beyond the role of the domestic help visualised in the initial Health Act of 1946. There must be scope in the 1970s for the advancement of the home help herself if this Service is to find the number and quality of staff it requires.

Home Wardens.—The demand on this service grows even more than the demands on the Home Help Service due in great measure to the limited number of wardens, but also because old people are becoming much more conscious that they want and need someone calling regularly to ensure their safety and well being. They need a 'reliable friend' with whom they can discuss the numerous problems of old age, who can provide practical help and, when it is needed, understanding.

Training.—142 helps have received training this year but the Training Centre has been closed since October for adaptations. These improvements however will offer greater facilities for training next year.

HEALTH EDUCATION

By F. St. D. Rowntree, F.R.S.H., M.R.I.P.H., M.I.P.R., M.I.H.E.,
Health Education Organiser

"Poets utter great and wise things which they do not themselves understand"
Plato (The Republic)

A Health Education Service was established in 1959 to co-ordinate and support the work already being carried out by staff in the Public Health Department; to examine the health education needs of the community and to investigate ways in which they could be satisfied. There are now few who do not recognise the need to help people behave differently in matters affecting their health, and this will certainly not diminish as society becomes more affluent and medical technology advances. Even today we can, by our own behaviour, considerably influence the quality and length of life.

WORK OF THE HEALTH EDUCATION CENTRE

The city's Health Education Centre—the first in Britain—was originally seen as an administrative and logistical base for the health education activities of the department. The present premises have now been open five years and increasing use has been made of the facilities. Individuals telephoned, wrote and called for information and some 400 groups visited the Centre for lectures, filmshows, tours of the exhibition, and health education meetings. Teachers and youth leaders made regular visits for advice and to obtain visual aid equipment on loan. Special activities included:—

Production of Audio-Visual and Teaching Aids.—In addition to teaching materials purchased for inclusion in the stocks held for loan, special materials were made in response to specific requests. Ideas and suggestions provided by visitors were developed for wider use in the programme.

Health Education Information Service.—Requests for advice, background notes and factual information were received from professional workers, students, the general public and press, radio and television.

The Health Education and Information Bulletin.—Publication of the monthly Health Education and Information Bulletin has been a regular feature of the Centre's activities for ten years. Throughout the whole of the period publication has always been on time. Each issue has been greeted with favourable comment and requests have been received for reprints for use in teaching programmes. In addition to general issues, special issues were produced during the year on 'Health, Labour and Productivity' and 'Allergy'.

In-Service Training.—Meetings on professional matters and on health education techniques and media were arranged for doctors, health visitors, midwives, district nurses, public health inspectors, teachers, clergy, social workers, police and others concerned with the health education and welfare of the public.

THE HEALTH EDUCATION PROGRAMME

From the outset it has been agreed that the health education programme should cover all aspects of mental, physical, emotional and social health at home, work, school and leisure at all ages and stages. No human activity affecting health has been excluded from the remit on which the service's activities have been based, but, whilst every attempt has been made to provide a comprehensive scheme, it is obviously not possible to deal in depth with every topic. Certain broad aspects of health are the subject of continuous attention:—

Health Education of Young People.—Everyone is eventually faced with making personal decisions about health behaviour which may alter the course of their lives. Young people need to be aware of the importance of health and their personal responsibilities for its promotion, for otherwise many wrong decisions are likely to be made. Society often fails to provide the necessary insight and information, and dangerous habits and behavious patterns become established early in life. Cigarette smoking epitomises the need for education at the right time. It is well known that one cigarette smoker in seven dies before his time as a result of this practice and that the quality of health of the remainder is adversely affected in a varying degree. It is also well known that many children begin to smoke before reaching the teens, yet all too often opportunities to provide health education on this matter are limited to the final year of school life when, for many, it is too late. In all health matters where the individual will eventually be faced with making up his or her own mind on whether to accept or reject the risk factor, adequate education and insight should be "better a year too soon than a day too late." Particular attention is paid to the needs of young people either by direct health education from the staff of the department or through assistance given to teachers, youth leaders and others able to exert an influence on the health, knowledge, attitudes and behaviour of the young people with whom they are in contact. Head teachers and their staffs planning health education courses for their schools regularly make use of the advisory service provided by the Centre. Of particular interest has been the increase of primary teachers now making use of the Centre's facilities.

Regular requests were received for short courses for adolescents on 'Special Hazards to Health' which cover smoking, drinking, drug taking, sexual behaviour and venereal diseases. These courses which are provided both in schools and at the Centre are designed to enable young people to make informed decisions about these important matters. These and other 'special' topics are dealt with against a wider background of health teaching, wherever possible, and every opportunity is taken to stress the Centre's policy that single health topics should not be dealt with in isolation but as part of a total health education programme.

In July the Royal Society of Health arranged a half day regional conference in the City Memorial Hall on 'Modern Epidemiological Hazards to Health' including cigarette smoking, drug taking and venereal diseases. This conference was at professional level and in addition to official delegates invitations were extended to medical, nursing, teaching and health and welfare staffs in the area. As these topics were important to young people the Royal Society agreed to provide a similar programme but at their level and under the title *La Dolce Vita?* The project was an outstanding success, particularly in view of the very active and responsible participation of the audience in the discussions following the main papers.

Health Education for the Elderly.—Elderly people now form an increasingly large section of the community. They are important not only in personal and human terms but also economically in view of the high costs involved in meeting their special health needs. Large numbers of the elderly suffer from major and minor disorders of a mental, physical or social nature many of which might have been avoided through the adoption of healthier patterns of behaviour earlier in life or by changes in their personal regimes. The majority of the community unfortunately defer thinking about old age, and an important part of the health education programme is to show the relevance to well being in later years of health behaviour early in life.

Preparation for Parenthood.—The staff of the Maternity and Child Welfare Service provided teaching during ante-natal and post-natal classes held at day time clinics throughout the City and during day and evening sessions at the Centre. Classes to which fathers and other interested members of the family were invited took place in the evenings.

Personal and Family Health.—The staff of the Personal Health Services provided health teaching to individuals and families during routine visits to homes and in their contact with the general public. Officers from this service also actively contributed to the group teaching programme.

Environmental Health.—Individual education and advice was provided by the staff of the Public Health Inspectorate during routine visits to homes, factories and offices. Inspectors also took an active part in the group teaching programme for schools and community groups.

MAJOR CAMPAIGNS

Major campaigns devoted to one particular topic which involve the use of all methods of education and publicity are useful means of drawing attention to special health problems or subjects. These campaigns are, however, expensive both in money and manpower and usually necessitate a reduction in the time devoted to other health subjects. For this reason no single subject was selected for this type of approach during the year and efforts were concentrated on follow-up and consolidation of earlier campaigns, These included:—

Mental Health.—The activities which took place in 1967/68 in connection with National Mental Health Weeks continued to arouse considerable interest amongst the public and, in addition to requests for lectures and filmshows, there was evidence in general discussions of an increased awareness of the importance of mental and emotional health and particularly of the need for education in human relationships. In work with school and youth groups the development of good personal relationships formed a main discussion topic. Parents groups were also encouraged to consider this aspect of child development.

Welfare of Handicapped Persons.—There are, within the community, many people with varying degrees of physical handicap. Many adopt a fatalistic attitude to their problems and do not realise that numerous services exist which are able to provide help. In October, in conjunction with the National 'Help the Disabled Week', a major exhibition was undertaken at the Civic Information Centre. Displays of various aspects of the work of the Welfare of Handicapped Persons Service of the Department formed a central theme supported by examples of aids, devices and services available to help disabled people. Information was provided on the work of thirty-one voluntary agencies who were able to give general or specific help. Staff were on duty throughout the exhibition to advise and follow up particular enquiries. The exhibition, which was well attended, led to the identification of many people in need who were not previously known to the department and for whom assistance has since been provided. Other activities during the course of the week included open days at various centres and displays of work produced by handicapped people.

Special Health Hazards.—For almost ten years the Health Education Service has provided a continuous and steadily expanding programme on health education devoted to special health hazards including smoking, venereal diseases, alcoholism and drug taking. The pioneer work undertaken in the City during this period is now being emulated in other parts of the country, though in few instances with the same continuity and concentration. The publication in October of the Government Social Survey Report on the Young Smoker provided evidence which confirmed the view that education on this type of health hazard should begin in childhood and not be left until adolescence. Likewise, in the case of sexual activity, drug abuse and drinking, evidence is accumulating in this country and other parts of the Western world that exposure to these hazards occurs at a very early age. Without adequate education and insight into the hazards to health involved in experimentation many children fall into danger not merely by their own default but by the failures of adult society which frequently condemns but all too rarely understands their needs. Regrettably there is still great

reluctance on the part of many parents and Head Teachers to accept the importance of early education and often information is provided when it is almost or already too late. The view has been taken throughout the development of the programme that education must be directed at all levels in Society and at all age groups, as these special health hazards are as much the concern of society as a whole as the control of epidemics of infectious diseases or environmental pollution. For this reason every opportunity is taken to discuss with parents the health needs of children and the importance of early development of a positive attitude to living which rejects resort to the crutches of inadequacy of smoking, drinking, drug taking and casual sexual activity.

Dental Health.—Dental ill health continues to be one of the most costly and unnecessary burdens on the National Health Service, yet little attention is paid by the majority of the public to their personal oral care. Early influences in the home lay the foundations for future health behaviour. The attitudes and example of parents can have either a positive or negative effect on the health attitudes and consequently the behaviour of their children. During 1967 and 1968 a research project on the Dental Attitudes of Primigravid Women was conducted by the Health Education Service in conjunction with the Dental Department of the University of Sheffield. The object of the research which was published in the latter part of the year* was to investigate the views and behaviour of mothers in dental matters, particularly those which might affect their children and which, therefore, could be fruitful areas of dental health education in ante-natal classes. The research clearly established that there is a wide gap between what the expectant mothers knew about dental health and what they actually did. Less than half of the women cleaned their teeth at the best times i.e. after all meals and before bed. Less than 1 in 4 gave the prevention of dental disease as the most important reason for cleaning teeth, an indication of the need for more education on the reasons for cleaning which should be thoroughly understood, otherwise the technique and timing may be wrong and the effort wasted. The mother's inadequate knowledge about caring for deciduous teeth was particularly disturbing both because of the damage done to the child's dentition and the failure to pass on good oral hygiene methods to the next generation. A quarter of the women were unaware of the possibility of preserving milk teeth and, taken over the country as a whole, this lack of awareness could result in a dental bill of millions of pounds. There was considerable ignorance about the technical aspects of cleaning a toddler's teeth and showed that the inclusion of this aspect of dental health education during the ante-natal period is essential. Carefully constructed dental health education would also offer an opportunity to teach that extraction of teeth is not inevitable as was believed by many of the women in the survey. More than 10% of the women had neutral views about—or actually preferred to use—a prosthesis, reflecting the somewhat fatalistic opinion of many people in this country who expect to wear dentures sooner or later. Such women represent a cadre of opinion very likely to influence the views of their children. Whilst the vast majority of the group received regular dental care, 1 in 3 had had extractions during their most recent course of dental treatment, an indication that they appeared to attach slight importance to restorative treatment and are indifferent to the need for a properly conducted dental health regime. This is related to the apathetic acquiescence shown towards the loss of the natural dentition.

The creation of a desire to achieve and retain oral health must be the first object of any dental health campaign, and must be the base on which all effective work must rest. It must be recognised that, unless the practices recommended produce results that are desired by each individual, they are unlikely to be carried out with diligence and care. The presence of numerous well-codified negative attitudes militating against dental health should be a matter of concern. The lack of similarly codified positive

* Dental Attitudes of Primigravid Women Edwards T. S. F. and Rowntree F. St. D.

Journal of Periodontal Research. 4: 325—332, 1969.

attitudes promoting behaviour likely to raise the standard of oral well-being should be of even greater concern. The information level disclosed by the survey shows that a challenging situation exists for those engaged in the organisation and implementation of dental health education.

During 1962 to 1965 a major dental health education campaign was conducted in schools throughout the City. In order to revive interest and, following a series of meetings for Head Teachers and their staffs, arrangements were made for visits by Pierre the Clown to infant and junior schools where the pupils had not been involved in the earlier scheme. The visits which were sponsored by the General Dental Council and the Fruit Producers' Council took the form of an educational party devoted to dental health rather than the use of formal didactic teaching. Subsequently the class teachers followed up the subject, using a range of informal methods. Nearly one hundred infant and junior schools with a population of 25,000 children were involved in the scheme which provided a new and stimulating approach to dental health education.

In the case of secondary schools and adult groups there has been little spontaneous interest in dental health and the subject can only be introduced with other general health teaching. The efforts which can be undertaken with the present limitations of staff and finance are puny as compared with the magnitude of the problem and it is obvious that, if oral illness is to be tackled effectively, there must be a continuing campaign at both local and national level.

Cancer Education.—In the Report for 1968 reference was made to meetings of a sub-committee of the Regional Hospital Board set up to consider cancer education which culminated in a regional conference for delegates of local health authorities, executive councils, hospitals, etc. The conference concluded with a resolution that nominating organisations should consider the establishment of a regional cancer education committee to undertake and co-ordinate activities. Early in the year the Regional Hospital Board circulated local authorities with a view to assessing support and offering to convene a meeting should the response be positive. By October replies had been received from the majority of authorities all of whom supported the proposal to set up a committee. It is hoped that in view of this interest the establishment of an *active* co-ordinating organisation will result without further delay.

In Sheffield steps were taken to expand the cancer education programme with particular reference to cervical cytology where both education and screening facilities were offered through women's clubs and groups, and through factories and organisations employing large numbers of women.

With a view to expanding the general cancer health education programme arrangements were made for intensive in-service training courses for medical and health visiting staffs to enable them to take part in the education of community groups. The course included sessions on 'Modern methods of management and treatment of malignant disease'; 'Dealing with delay'; and 'Cancer education problems and methods' together with practical training on cancer education methods and meetings to evaluate films and other teaching materials.

Unfortunately there is still great reluctance by group secretaries and programme organising committees to accept offers for meetings to discuss 'cancer', an indication of the illogical and unnecessary fear and hostility towards the subject. There is still a long way to go in helping the public to realise that cancer is not an inevitably painful or fatal condition, and that the disease is not a single entity but one which takes many forms, all treatable and many curable, particularly when advice and treatment is obtained in the early stages.

During the year lectures on the techniques of cancer education were included in the training programme for the staff of the Weston Park Hospital which incorporates the Graves Institute of Radiotherapy. This hospital is due to open in 1970 when the staff will have important opportunities to contribute to the education of patients, relatives and the community about cancer and modern methods of detection, control and treatment.

Home Safety.—Every year large numbers of people die or are injured and mutilated in the home, which is undoubtedly a more dangerous place than the road. Nonetheless only a fraction of the money and effort spent on road safety is allocated to the prevention of home accidents. Special attention is given to this topic in the health education programme during personal contacts between members of the staff and the public in their own homes. Health visitors have a special responsibility in this work which has been supplemented by general activities undertaken by the Health Education Service.

For many years a home safety committee composed of dedicated voluntary workers was in existence in the City and undertook a number of valuable activities to prevent home accidents. In December, 1968 the members of this committee felt unable to continue and the decision was taken to dissolve the organisation in its earlier form. A meeting was convened the following May to which representatives of both statutory and voluntary organisations were invited. As a result of this meeting it was agreed to re-establish the Home Safety Committee with a membership representing all sections of interest in the City. An Executive was elected to undertake activities on behalf of the Committee and to continue to pioneer work begun by the earlier body. During the year the Executive set up working parties to consider recruitment to the Home Safety Committee, local campaigns, development of speakers' panels and the production of a Sheffield Home Safety Handbook. Arrangements were also made for the production and distribution of Home Safety News Letters, posters, leaflets and for general publicity. The Committee proposes to seek the active support of the community as a whole in their efforts to reduce the totally unnecessary slaughter and misery brought about by the ignorance and apathy found in virtually every home.

Training of Students and Professional Workers.—The staff of the department contributed to professional training programmes both at courses at the Health Education Centre and in colleges and centres elsewhere in the City. Lectures, practical work or visits of observation were arranged for students undertaking theoretical or practical training, and tutors were assisted by the provision of background information and teaching aids. A number of overseas visitors were made welcome, some of whom were attached to the department for short periods of practical training.

Press and Public Relations.—The mass media have again contributed to the general health education programme in addition to providing general publicity on the work of the Department as a whole. Radio Sheffield provided opportunities for reports and programmes on air pollution, rodent control, care of the elderly, food hygiene, welfare of handicapped persons, home safety, dental health, venereal disease, cancer education and many other aspects of health and welfare. In addition to the regular broadcasts the health education organiser was also offered a regular weekly broadcasting spot during peak listening time. The Centre's activities received national television and radio coverage in connection with programmes on the health and education of adolescents, venereal disease and smoking.

The Future.—In the reports for the past three years attention has been drawn to the enormous growth and demands made on the Health Education Service. 1969 saw a further expansion in the work undertaken and the requests made for assistance which increased both the administrative and practical work of the centre. Mention has already been made of the avoidable problems which affect the elderly; this is one area

which alone could absorb all the efforts of the Service. Other major preventable hazards to health such as obesity, heart disease, cancer, and leisure education are scarcely being touched upon.

LECTURES AND FILM SHOWS

	Comparative Figures			
	1969	1968	1967	1966
Lectures by Health Education Officer ...	213	245	246	183
Lectures by other professional staff ...	1,166	455	484	367
Parentcraft lectures	361	305	270	325
Film screenings followed by discussion ...	1,204	1,177	876	687
Total audience at film screenings ...	36,954	34,173	23,161	13,804

The above figures do not include informal group meetings, in-service training lectures or lectures and talks given to regional and national meetings of professional bodies.

SOCIAL PSYCHIATRY

By J. Stephen Horsley, M.R.C.S.,

Senior Medical Officer

"'Why was he sent to England?'
'Why, because he was mad: he shall recover his wits there; or, if he do not. it's no great matter there'"

William Shakespeare (Hamlet)

The Annual Report for 1969 marks the end of the first decade in the development of a social psychiatry unit planned and launched in 1960 to provide a comprehensive service for the care, after-care and prevention of mental disorders. It is therefore pertinent to look critically at the progress from 1960 to 1969 to see how far it has been possible to fulfil the basic principles of community psychiatry. In theory, community psychiatry provides comprehensive care for the whole of a defined population, but in practice there are numerous serious deficiencies and some of these are the direct result of the tripartite structure of the National Health Service. This report is concerned only with those aspects of community care which are primarily the responsibility of the public health department.

The outlook and orientation of what is sometimes called the 'field of public mental health' has extended from its once limited aims [ascertainment of mentally defective children, and removal of mental patients to hospital] to a far wider range of activities in the community. Thus, in 1960, the very great increase of responsibility and the immediate increase of work-load were recognized by the Authority when they appointed a psychiatrist as the first Senior Medical Officer with special responsibility for mental health. This was followed in 1961 by the Authority's bursary scheme to enable mental welfare officers to be trained as psychiatric social workers; and, in 1965, a scheme was introduced for social work training. To date eight officers have been seconded. In 1966, the establishment was increased by the addition of two trainee mental welfare officers; and in 1968 by the inclusion of two welfare assistants. A synopsis of progress during the period under review is given under five main headings:—(i) integration, communication, collaboration; (ii) after-care and rehabilitation; (iii) services for the mentally handicapped; (iv) clinics for family psychiatry; (v) preventive psychiatry.

Integration, Communication and Collaboration.—The first task confronting the psychiatrist in 1960 was to open up communications with the various sections of the public health staff who were in any way concerned with human relations and therefore with mental health. This was achieved through a series of meetings, both formal and informal, in which efforts were made to identify the most important targets and to re-define the roles of doctors, nurses and social workers in the new approach to psychiatry. A series of weekly meetings with all the mental welfare officers covered a broad field, including the changing role of the mental welfare officer, who began to be more concerned with family casework instead of being merely occupied with routine statutory duties. Simultaneously, a weekly discussion with a group of eight health visitors resulted in the establishment on a more or less permanent basis of a weekly seminar devoted wholly to preventive psychiatry.

A next step was to involve a group of eight medical officers in the school health and child welfare services to enable them to play a more effective part in preventive psychiatry. This was achieved by means of three parallel activities: (*a*) the doctors and the psychiatrist met regularly to discuss their potential contribution to mental health during the course of their ordinary duties; (*b*) individual doctors sat in with the

psychiatrist in the clinics for family psychiatry where they took part in diagnosis and mental health counselling; (*c*) the group met Dr. A. C. Woodmansey once a week at the child guidance clinic to discuss their attitude to personal relationships in the school and child welfare services. It is regrettable that these clinical discussions have been discontinued.

There was a need to cultivate better co-operation between the three sections of the National Health Service and this has been a most valuable function of the Sheffield and District Mental Health Liaison Committee. This committee which was set up under the Chairmanship of the Professor of Psychiatry, in the University of Sheffield, includes representatives from Middlewood Hospital, Whiteley Wood Clinic, the Department of Child Psychiatry, the Regional Hospital Board, the Local Medical Committee, and the Public Health Department. This committee has continued to meet regularly for the past ten years and it has provided a worthwhile opportunity for exchanging ideas and information. Although the committee was originally a purely medical body, it was decided in 1968 to broaden its scope by co-opting representatives of relevant social services; and the committee now includes the Children's Officer, the Principal Probation Officer, the Principal Social Worker in Social Psychiatry, and the Senior Social Worker from Middlewood Hospital.

The Sheffield and District Mental Health Liaison Committee met three times during 1969 and special attention was given to the urgent problems of geriatric psychiatry in the Sheffield area when Dr. K. J. G. Milne (Northern General Hospital) and Dr. J. R. Cox (Nether Edge Hospital) accepted invitations to speak on the geriatric problems. At this meeting the committee passed a resolution "That the attention of the Local Authority should be directed to the very great need for a psycho-geriatric hostel." Other important matters discussed by the committee in 1969 were:—(*a*) criteria for selection of residents in local authority hostels; (*b*) mental subnormality—feasibility study; (*c*) psychiatric services for disturbed children. Dr. R. Wilkins, Principal Medical Officer for Mental Health, Department of Health and Social Security, attended as an observer at the meeting concerned with a feasibility study of provisions for the mentally subnormal.

After-Care and Rehabilitation.—One of the main intentions of the Act was to improve community care and after-care services by developing the resources of the local health authorities. There have been many changes and improvements in our provision of follow-up services over the past decade. Originally the senior medical officer met all the mental welfare officers together with five health visitors once a week in order to review all new referrals on their discharge from hospital. These discussions, however, failed to provide adequate opportunity to examine special difficulties which required the co-operation of other persons not immediately available for consultation. In consequence an additional meeting was held once a month in the Town Hall under the chairmanship of the senior medical officer and included a consultant psychiatrist and social worker from Middlewood Hospital, an officer from the Department of Employment and Productivity (D.R.O.), five health visitors, and all the mental welfare officers. These meetings provided valuable opportunities for discussion, but eventually became too large so that, to ensure efficiency, decentralization became essential and responsibility for after-care is now shared by the five area teams of mental welfare officers.

The role of hostels in social rehabilitation.—Southey Hill House was opened in 1961 with accommodation for twelve men who were recovering from mental illness and were considered to be suitable for social rehabilitation in a permissive environment with only limited psychiatric and social support. During the first six months the hostel was never more than half full, and it was clear that the criteria of suitability had been too stringent. However, moderation of these resulted in the demand for places increasing until there was no longer any difficulty in keeping the hostel virtually full. The major problems

have been recruitment of suitable staff and also provision of the essential daily support of a senior psychiatric social worker whose help is indispensable to the concept of social rehabilitation. It is appropriate to acknowledge the excellent progress made during 1969 due largely to the enthusiasm of Mr. and Mrs. Charlesworth, and the regular support of Mr. Gaffney as liaison officer who works very closely with the hostel staff and assists the residents in practical matters such as work placement and finding lodgings.

Southey Hall Hostel, a purpose-built hostel for thirty mentally ill women, was opened early in 1968. A major problem here has been to identify a sufficient number of women residents who have reasonable prospects of being re-established in the outside world, for many are only able to obtain poorly paid employment insufficient to support them in lodgings when they are ready to leave the hostel. The pleasant, homely atmosphere of this hostel owes much to the personalities and long experience of Mr. and Mrs. Morrison.

Services for the Mentally Handicapped.—Although there has been continued progress during 1969, the outstanding needs in a comprehensive service for the mentally handicapped are still:—(i) earlier diagnosis with continuing assessment; and (ii) more and better counselling services for the parents of handicapped children. The past year has been one of unprecedented activity in the whole field of mental subnormality and the impact of anticipated changes in the administration has evoked great anxiety in many of the staff at the junior training centres. At both the Norfolk Park and the Talbot Junior Training Centres the quality of care and training given during 1969 has been of a very high standard, but there is no reason why this should not be maintained under the auspices of the Education Department. In any future service for the mentally subnormal, the key concept will be continuity of shared responsibility at every stage of assessment, counselling, remedial education and special treatment.

Assessment as a continuing process.—Assessment is a more progressive and dynamic process than the obsolescent procedure of formal 'ascertainment'. No individual is qualified to undertake all the stages of assessment so it is necessary to submit this responsibility to special assessment teams whose members cover the whole range of clinical, educational, psychological and social components of human development. In practice, the bulk of this continuing process of assessment inevitably falls upon the front-line field workers of a team which includes the family doctor, the health visitor, the nursery nurse and sometimes the mental welfare officer. This teamwork benefits when it is fully supported by a local authority medical officer and by a clinical or educational psychologist who is able to give practical guidance to nursery teachers and training centre staff. In many of the more difficult cases needing continuing assessment, it is invaluable to have the help and advice of Dr. Trevor Wright, Consultant Physician for Handicapped Children, and his team at the Ryegate Annexe. Assessment begins at the stage of primary screening which is done most effectively by many auxiliary workers: but the co-ordination of primary screening demands the closest collaboration between members of many different professional disciplines; and, at present, this responsibility is divided, perhaps too unevenly, between paediatricians, psychiatrists, and local authority medical officers. Whatever the ultimate pattern of care for the mentally handicapped, the overall task of assessment is primarily a medical one.

Counselling services for the parents of mentally handicapped children.—The burden which falls on the parents of a mentally handicapped child is sometimes overlooked; and of all the services now provided for the mentally handicapped, one of the most important but neglected is the provision of adequate counselling and support for the family as a whole. Feelings of bitterness, confusion, despair, embarrassment, fear and guilt are common in the parents of the retarded child and it is scarcely surprising that many of these suffer from stress, tension and psychiatric morbidity. The social psy-

chiatry team has a useful contribution to make in any counselling service, the purpose of which is fourfold:—(i) to help parents to accept the child's limitations; (ii) to orientate them towards a constructive programme of family rehabilitation; (iii) to help the family to accept the impossibility of a complete cure; (iv) to give information regarding the risks of abnormality in further pregnancies.

Counselling would be ineffective without the material help provided in the junior training centres and, particularly, in the special care unit at Norfolk Park. This service is fundamental for all children who are thought to be unsuitable for education at school, and the two junior training centres provide special educational facilities for a variety of handicaps such as:—low intelligence, emotional disturbance and disruptive behaviour. In addition, the special care unit at Norfolk Park provides day care for very severely handicapped children many of whom are on a seemingly interminable waiting-list due to lack of hospital accommodation. Counselling to be effective, must have access to a comprehensive assessment unit, and to diagnostic and therapeutic services in a hospital and, therefore, needs the helpful co-operation of the consultant paediatricians and the consultants in subnormality.

The role of hostels in mental deficiency practice.—It is common knowledge that the subnormality hospitals are overcrowded with patients many of whom have no need for hospital care. In many parts of the country attempts have been made to ease the pressure on hospital beds by discharging suitable patients to the care of local authority hostels. The Authority opened the two Oakbrook View hostels in April, 1968 [each with 17 beds, one for male and one for female subnormal adults] and since that time there has been no difficulty in keeping both hostels full and, in this respect, helping in a small way to reduce hospital overcrowding. There is controversy, however, over the proper role of hostels for the mentally subnormal, and it is the considered opinion of many consultants in mental subnormality that the most valuable function of these hostels is to provide particularly for the less severe forms of mental subnormality. This opinion is also held by the hostel staff who believe that they could do far more effective work with residents of this type, establish good rapport with them and, through this, help them in turn to acquire confidence in making new relationships outside the hostel. At present many of the residents are severely subnormal, the majority of whom are likely to require life-long care. Shapiro [1970]* showed that hostels are of maximum benefit to mildly subnormal individuals, working in the community, but who have no family and therefore have a need for a congenial social environment. "A hostel for a number of patients of roughly similar intelligence and with common interests can provide either a permanent pattern of living or act as a stepping stone to completely independent life in the community, especially if the patients have been hospitalized beforehand." On the other hand severely subnormal residents living in a hostel may have even less opportunity than they have in a modern hospital to mix and to make social contacts.

Clinics for Family Psychiatry.—Sheffield's first clinic for family psychiatry was opened in Orchard Place in 1960 and, by the end of 1962, the growing volume of work necessitated four clinic sessions every week; and since 1963 clinics for family psychiatry have been held daily in different parts of the City. Child and family psychiatry are interdependent but, while the work of the child guidance service has in the main been concerned with those children referred on account of severe and long-standing emotional disability, learning difficulties or behaviour problems, family psychiatry aims at dealing with incipient difficulties at a much earlier stage.

A new development mentioned briefly in the report for 1968, was the introduction of group psychotherapy for young parents who meet once a week to discuss common developmental and marital problems. Simultaneously, in an adjacent room, a group

* Shapiro, A. (1970) *Brit. J. Psychiat.*, 116, 353-68

of about eight children whose ages range from 2 to 5 years receive play therapy from other members of the clinic team. The success of this family psychotherapy at the Firth Park Clinic led to a number of requests from parents for similar group psychotherapy at the Manor Clinic, and arrangements for this second group were implemented in May, 1970.

Record of Attendances at Clinics for Family Psychiatry

1.	Ante-natal screening	new cases	75
	Extra visits for counselling, etc.		79
2.	Marital tension	new cases	24
	Further visits for psychotherapy		135
3.	Child guidance	new cases	46
	Further attendance for play therapy		267

Comparison of these figures with the attendances during 1968 shows that the number of new referrals is the same at 145, but the number of return visits for psychotherapy has increased from 371 in 1968 to 481 in 1969.

Preventive Psychiatry.—The preventive psychiatry unit was established on a part-time basis in 1960, and by 1961 the scope of primary prevention was seen to be so large that it became necessary for the senior medical officer to devote at least eight sessions per week to the supervision and training of public health staff in the principles and practice of mental hygiene. One of the most stimulating developments arising from this has been the preventive psychiatry seminar which was first established in 1960 and is still continuing. This is conducted by the senior medical officer with the help of the principal social worker, eight health visitors and other relevant medical or social workers.

The fundamental aim of the preventive psychiatry unit is to identify any section of the community 'at psychiatric risk' and then to take appropriate steps either to reduce the risk or, when risk is inevitable, to raise people's capacity to tolerate stress. The nationwide increase of stress disorders has become a major problem in social medicine. The attention given today to the stresses of pregnancy by social psychiatry is of vital importance if we are to ensure the optimum mental health of the next generation. This special study of pregnancy stresses is in its tenth year, and it is now possible to define the underlying principles and to demonstrate the feasibility of routine ante-natal screening.

Systematic Psychological Screening.—This is included in the first routine examination of every expectant mother. It has been established practice in Soviet Russia for many years, but in England there is still some resistance to the study of the emotional needs of the healthy expectant mother and, even when it is recognised as desirable, staff shortages often prevent its full implementation. In consequence, during 1969, it was only possible to provide this service for a small fraction of the expectant mothers who could have benefited from this. Screening is facilitated by the use of a 14 point record card and, when the basic data are being recorded on the pregnancy assessment card, it is immediately evident whether any potential stress factor is present. The scoring is simple: one point is scored for each stress factor except those marked with an asterisk on the assessment card, these are the more important factors and receive two points.

In the analysis of records there is a differentiation into three levels of risk:—

1.	Low risk	zero to one point;
2.	High risk	two points;
3.	Very high risk	three points or more

This rough separation into three groups provides a useful indication of which expectant mothers should have priority in the allocation of limited resources. The emotional insecurity arising from multiple stresses must receive the same consideration and skilled attention generally accorded to the physical hazards of the complications of pregnancy; and the identification of a mother as being at 'very high risk' should lead to immediate and continued psychotherapeutic care. Different types of stress need varying remedies which in some cases may be no more than educational help, sympathetic support, or material aid. In cases of severe emotional distress individual or group psychotherapy may be indicated. Even the low risk mothers should not be denied the benefit of proper psychological management during pregnancy and parturition.

The remainder of this report is contributed by Mr. W. F. Dunne, principal social worker, and by Mr. W. E. Lloyd, chief administrative assistant, to both of whom I am indebted for their loyal co-operation.

ADMINISTRATION

Norfolk Park Training Centre.—On the 31st December, 1969, the numbers on the register at this centre were as follows:—

(*a*)	Junior training centre	103
(*b*)	Special care unit	37

The opening of the new Talbot junior training centre made it possible to reduce the sizes of the classes. Whilst the situation at the training centre is still by no means ideal, nevertheless, severe overcrowding has been eliminated. The extensions to the centre were completed towards the end of the year but the additional accommodation was not brought into use until 1970 as necessary furniture and equipment had not been delivered. These extensions will also make possible a small increase in the number of places in the special care unit.

A member of staff was again seconded to the Sheffield course for teachers of mentally handicapped children.

Norfolk Park Short-Stay Residential Unit.—The number of admissions fell during the year, although the average length of stay increased. The majority of cases admitted were in residence for less than a period of 2 months but it is disturbing to note than in two cases where permanent care was required, one child was in the unit for the whole of the 12 months and was still in at the end of the year, and the other child for several months awaiting permanent care. Once again thanks are due to the staff of the training centre for helping out over holiday periods.

Short Stay Residential Unit

Number of admissions	101
Average length of stay (in days)	20

Reasons for admission:—

(i) Parent(s) illness	9
(ii) Rest for parents	26
(iii) Parents on holiday	38
(iv) Mother expecting a baby	3
(v) Other reasons	25

Condition of children admitted:—

Ambulant	81
Non-ambulant (cot and chair cases)	20
Hyperactive	32
Requiring to be fed	26
Epileptic	44
Incontinent	47

Talbot Junior Training Centre.—This purpose-built centre was opened to children in February, 1969, and those who had been accommodated at Ivy Lodge and Pitsmoor Road, together with the teaching staff, were transferred. In addition 25 children from the Norfolk Park Training Centre were transferred in order to relieve overcrowding at that centre, and over a period of 6 weeks children on the waiting list were admitted to the centre. The centre is designed to accommodate 120 children and there were 112 on the register at the end of the year. The number of children notified for admission considerably exceeds those being discharged and it would appear inevitable that a new junior centre will be required unless use is made of other school buildings.

The Authority was fortunate in the relatively high proportion of qualified staff we were able to appoint to the new centre, for in addition to the principal and deputy principal, five other members of staff are fully qualified. It is interesting to note that during the year a qualified infants' teacher was appointed to the staff at this centre.

Pitsmoor Road Training Centre.—There were 113 trainees on the register at the end of 1969. The overcrowding at this centre was alleviated considerably in February when the nearby Ivy Lodge premises were taken over as an annexe.

By the end of the year the plans had been approved and tenders invited for the building of a new adult training centre, and it is a relief to know that cessation of the use of these totally unsuitable old buildings is imminent. Tribute is due to the high standard of work and the efforts of the staff which are undertaken in surroundings which, to say the least, are far from ideal.

The Towers Training Centre.—At the end of the year there were 124 adult trainees over the age of 16 years and four who were approaching their sixteenth birthday. It was felt advisable that they should remain at 'The Towers' rather than be transferred to the new junior training centre, for a very short period.

This is not a purpose-built centre and consequently the type of work that can be undertaken on these premises is very restricted. It is also situated in a residential area which precludes any work, other than gardening, being carried out in its grounds. Contract work however continued to be undertaken and, in addition to that mentioned in the last Report, work from two cutlery firms was obtained, and also a contract from the education department for the supply of mop heads. The traditional occupations of basket making and woodwork, etc., continued.

Two members of the staff returned after successfully completing the Hull course for teachers of mentally handicapped adults, and one member of staff was seconded to that course.

Brunswick Street Training Centre.—There were 33 trainees on the register at the end of the year. These are predominently of a lower standard than those attending the Towers but during the year the output of various types of disposal bags and calendars increased by 37%. As an example 86,000 disposal bags for one of the hospitals were made during the year. Thirty of the trainees, together with supervisory staff, had a week's holiday at the National Association for Mental Health's holiday centre in North Wales. One member of the staff returned after successfully completing the Diploma Course for teachers of mentally handicapped adults and a further member of staff was seconded.

Annual Holiday.—As in previous years the Towers and Pitsmoor Road trainees, together with the staff, had a week's holiday at the Miners' Welfare Holiday Camp at Skegness, and 23 trainees from the Towers had a hiking holiday in North Wales.

Training Centres.—The Authority continues to encourage staff of the training centres to attend courses and once again members of staff from all training centres—except Pitsmoor Road—were seconded to the full time course. Two vacancies were filled at Pitsmoor Road with young people who agreed to be seconded on the Diploma Course in 1971. By the end of the year it was apparent that one of the appointees showed great promise and would be able to obtain a place on the adult one year course, but unfortunately the other was found to be unsuitable for training centre work.

In general all the training centres are full and on the basis of modern standards probably overcrowded, and it is obvious that additional facilities are required. Even with the eventual opening of the new adult centre to accommodate 150 adults, the total number of places available will be scarcely increased as it is proposed to cease using the Pitsmoor Road and Brunswick Street premises.

Southey Hill House.—During the year there were 29 new admissions and 15 re-admissions to the hostel. The average length of stay was 13 weeks. The number at the end of the year in the hostel was 10 and during the year there were considerable periods where the maximum number of 12 was accommodated. In total there were 17 more admissions than in the previous year, and the average length of stay fell by one month. It is pleasing to report that last year was a comparatively calm year as far as staff problems at the hostel were concerned. During 1970 this hostel is to be extended by 6 bedrooms, together with purpose built accommodation for the resident warden and his wife.

Southey Hall.—This was the first full year of opening for this hostel and during the year there were 20 new admissions and 6 readmissions. The average length of stay was 9 months. There were 2 persons admitted for temporary care and at the end of the year there were 21 residents in the hostel. It is disappointing to report once again that this hostel was never much more than two-thirds full during the year. This was partly due to structural defects which made a number of bedrooms unsuitable, for occupation during wet weather but at no time was there a waiting list for admission. It has nevertheless proved difficult to find accommodation for residents ready for discharge as the women are often unable to meet the cost and it may eventually be necessary to provide some form of subsidy.

Oakbrook View.—During the year there was one new admission to the male hostel and 3 new admissions to the female hostel. 20 males and 15 females were admitted for short term care with an average length of stay of 2 weeks. On the 31st December, 1969 there were 15 males and 14 females as long term residents on the register.

It is now apparent that few, if any, of the long term residents will be suitable to live outside hostel environment. The hostel therefore is virtually full and there is urgent need for additional hostel accommodation for the mentally subnormal.

Mental Welfare Officers.—During the year one mental welfare officer left the department and 2 officers joined the staff, one from a neighbouring authority. Whilst prepared to accept unqualified staff where, as is usual, there are no qualified applicants the Authority makes a proviso that they must be suitable for social work training. These candidates are, therefore, also seen by the tutor to the Sheffield course prior to being offered an appointment.

SOCIAL WORK

Referrals.—The total of referrals for investigation, care or after-care was 1,138, 1,091 persons being referred because they were or had been suffering from some form of mental illness and 47 as subnormal or severely subnormal. The age distribution was:—

Under 50	Male	188
	Female	198
50-59	Male	24
	Female	48
60 & over	Male	24
	Female	89

The total number of referrals was higher than that of 1968, 1,138 against 1,042, but the total of these actually visited was lower:—571 in 1969 against 637 in 1968; many cases are notified solely for information purposes.

Resettlement.—Many patients discharged from psychiatric hospitals return to their employment but there are those who, for various reasons, cannot. Some left their jobs in the acute phase of illness, others have been in and out of hospital so frequently that they have had no settled employment for a long time. The appearance and manner of some patients are so out of the ordinary that employers are reluctant to hire them, while others where mental disorder is complicated by epilepsy are excluded by virtue of this from a wide range of jobs. Impressed by the needs of these patients it was decided to employ an officer, part-time, on resettlement work where this seemed warranted. This involves not only the finding of employment but also accommodation for, although the Authority has hostels, not all accommodation needs can be met in this way. Nor indeed is it desirable that all patients should pass through a hostel, since some have no need of the closer supervision available there, while others would keenly resent even the small amount of discipline involved. The answer so far for men has been lodgings and, because these are not easy to find in Sheffield, at least at a price our clients can afford, great effort has been necessary for what might seem to be meagre results. The officer specialising in resettlement work has managed to interest five landladies in the care of former patients. Three of these ladies are accommodating patients who would not be acceptable in most lodgings because they have residual symptoms which make them 'different'. The finding of accommodation for men in this category is a constant problem. Any patients who have or have had a Sheffield domicile are not eligible for accommodation at the Woodhouse Reception Centre. Sheffield has only one common lodging house so that numbers of men, and a few women, who have been discharged after a long period in hospital, or who have been in and out of hospital very frequently, or who are so 'difficult' socially that they are rejected by their relatives, are dependent upon the very few people who are prepared to offer accommodation. The women, with few exceptions, prefer to live in accommodation of the bedsitter type, and here again the rent required for even the poorest rooms can be prohibitive. The number of women needing extensive resettlement help, fortunately, is very much smaller than that of the men.

In addition to helping the mentally ill patients great efforts have been made, with commendable help from certain firms, to try and ensure progression of the subnormal from the adult training centres into industry. It is becoming increasingly apparent that the potential of the subnormal for work is greater than had been supposed in the past. One firm, Surmanco Limited, has gone so far in co-operation with the department that certain jobs have been adapted to the individual subnormal worker and men are working now who have not previously been in employment. Further possible developments in this field may come from an extension of co-operation between the department of Employment and Productivity and local authorities. It is worth noting in this connection that Croydon operates a rehabilitation and assessment centre to which

mentally handicapped persons are admitted for courses averaging six months and, where necessary, patients can stay for up to 12 months. The Department of Employment and Productivity pays allowances to the person attending. If funds from the Department were available to help with capital costs it seems likely that this kind of enterprise would occur more frequently and that industry might well come to recognise that many persons of subnormal intelligence are capable of performing a satisfactory day's work in an environment adapted to their limitations.

Group Work.—In the report for 1968 reference was made to the work of one of the Senior Mental Welfare Officers with a group of mothers of mentally subnormal children. This officer has in the past year been able to extend his activities and now has two such groups in his area. There is no doubt that the mothers attending these groups obtain very real benefits in that feelings of isolation and social insignificance are dispelled. These mothers have the positive feeling that through this medium they can ensure their opinions and needs are brought to the notice of 'the authorities'. They are also beginning to see how their groups fit into the wider social work service provided; how individual counselling complements and is in turn complemented by group experience. Thus, one of the objects of this experiment, namely that of extending the range of the individual social worker, seems feasible—though it may require a much longer trial period.

These meetings are far from polite exercises and, as the mothers' morale rises, they express their criticisms of the authorities and voice their personal fears and frustrations at the discouragingly slow progress of their children. In sharing their feelings they can accept more readily what is inevitable and direct their energies into fields where improvement is possible. The natural next step has already been taken and mothers from the first group are referring other mothers.

An experiment which was less successful was undertaken by the same officer in an endeavour to meet some of the needs of young men with a history of mental illness. Specifically, the group was formed to try to improve the social competence of young men whose mental illness developed in adolescence.

Here, from the outset, the number responding was small, making discussions too intense and leaving little opportunity for individuals to relax or opt out of the discussion except by ceasing to attend. Yet it may be that even this could have been overcome if there had been some activity to divert tension. In October the meetings were suspended but the officer does intend to try again with a larger group.

The Shamrock Club.—This is operated in conjunction with the Sheffield Council of Social Service and has been open on Monday evenings throughout the year with the exception of holiday periods and a month during the summer holidays.

Attendances at the club have declined slightly and now average 20 per session. An approach is made to all E.S.N. school leavers but the response is not great. In the main the group consists of E.S.N. and disturbed teenagers whose main interests are pop music, dancing and table tennis. Attempts have been made to elicit interest in handicrafts but with slight success.

During the year some of the members participated, enthusiastically, in the making of a film designed to show the activities of the Council of Social Service: other members represented the club in a tableau in the Lord Mayor's Parade. This year in addition to the usual celebration at Xmas a Halloween party was held.

Day Centre, Psalter Lane.—There were indications of a need for a day centre for certain kinds of persons suffering from mental illness or subnormality, and consequently arrangements were made with the section of the Health Department dealing with the physically handicapped for a combined centre to operate on Thursday each week at the Psalter Lane Centre. This day centre is staffed by volunteers supported by social workers from the Social Psychiatry and Physically Handicapped Welfare Services. Eight voluntary helpers were recruited and the centre opened in June, 1969. The group on the social psychiatry side consists mainly of former patients whose opportunities for social interaction are very limited. The day centre provides an opportunity for them to meet other people and engage in simple handicrafts but the accent is on social interaction rather than the handicrafts themselves. Two successful trips have been arranged, one to Blackpool for the illuminations and the other to Leeds to attend a theatre.

There were initial problems but, despite these, the group has become cohesive and has developed. There has been a noticeable improvement in the individual participation of each of the members which is due in the main to the hard work of the voluntary helpers. The social workers attending the group feel that this kind of activity could very well be extended with the aim of reducing isolation among old people, former psychiatric patients, and the subnormal.

Voluntary Helpers.—In addition to the services in connection with the day centre other voluntary helpers are used for supportive visiting. These volunteers have been a considerable help in keeping the social workers to whom they are attached informed about the home situation of those cases being visited. It is a great help to have sympathetic, willing volunteers who will keep in touch with cases which, while they do not need regular visits from a social worker, may very well run into small crises where the help of the social worker becomes suddenly necessary.

In addition to individual volunteers help has been received from a group of teenagers calling themselves 'The Go Club'. This group has, under supervision, redecorated rooms at the homes of elderly mentally handicapped patients and helped to care for children at the Norfolk Park Training Centre; some are at present helping at a club for younger subnormals aged 5 to 8 years. This is run by the Sheffield Society for Mentally Handicapped Children and is held at the Brunswick Street Centre on Friday nights.

OCCUPATIONAL HEALTH SERVICE

By Dr. R. E. Browne, M.R.C.S., L.R.C.P., D.P.H.,

Senior Medical Officer (Occupational Health)

"Happy the man who could search out the causes of things"

Virgil (Georgies)

In March the Occupational Health Centre, which had been operating from restricted accommodation with the Transport Department, was moved to more suitable premises which allowed fuller use to be made of the services offered, and provided a private office so necessary for the social worker. Located on the fourth floor the Centre is not readily accessible for the treatment of minor injuries and illnesses, and the one lift and restricted waiting area limits the numbers of persons who can be dealt with during immunisation campaigns.

It was not possible to replace the social worker who resigned in October, 1968, until early in May, 1969 and this necessitated a slow build up of this aspect of the service from the beginning.

Medical Examinations.—The scrutinising of medical forms relating to applicants for posts on the official staff, the selection of persons for medical examination, and the pre-employment examination of these and of certain workpeoples' grades, together with the re-examination of employees at the request of departments still constitute the greater part of the work of the service.

Out of a total of 2,284 medical examinations, 1,466 were pre-employment and 818 re-examinations carried out at the request of the departments concerned. A total of 1,684 examinations of the workpeoples' grade came from the Transport Department and other services such as Ambulance and Cleansing provided 282 examinations.

A superficial analysis of the official staff numbers shows that of a total of 775 completed questionnaires received, it was found advisable to examine 272 persons. Apart from a specific indication in the medical history form, the reasons for selection for medical examination included those who had never previously had a medical examination and all Registered Disabled Persons and men of middle age who were being promoted from workpeoples' grade to superannuable official staff. Thirty three official staff were examined on behalf of other Authorities. The re-examinations included cases of long term illness, and determination of fitness to continue in occupations where public safety is involved.

It is encouraging to note that increasing use is being made of the service to assess disabilities which result from illness or injury and make it advisable for some modifications in the work stresses involved in the particular occupation to be made.

Immunisations.—Immunisation of numbers more than twenty at a time posed a problem of space in the Occupational Health Centre, and arrangements for larger numbers were made either at the Maternal and Child Welfare Centre at Orchard Place, or at the depots of the City Engineer's and Water Pollution Control Departments.

Influenza.—Early in January it was decided to offer immunisation against the Hong Kong strain of influenza virus to various key personnel. This was as the result of a prediction of an epidemic which had been affecting various parts of the world, and which appeared likely to reach the United Kingdom in the first quarter of the year. The various departments in the Authority were requested to submit names and numbers of persons whom it was considered necessary to immunise so that the smooth running of their services should not be unduly affected. Altogether 847 persons were immunised mainly from the Public Health, Transport, City Engineer's, Cleansing, Children's and Social Care Departments. It was not possible to assess the value of these immunisations as influenza of epidemic proportions did not develop at the time predicted and the disease was mild in character and of short duration.

Tetanus.—Protection was offered to the staff of various departments in which this could be considered to be an occupational hazard; a total of about 300 injections was given to employees of the City Engineer's, Recreation, Cleansing and Water Pollution Control Departments. It is proposed to make a continuous programme of tetanus immunisation available in order that all persons at risk can be afforded the opportunity of being protected.

Smallpox.—Vaccination was offered to the ambulance drivers, and drivers of Public Health vehicles. In addition 57 persons at special risk by virtue of their duties were vaccinated, i.e. public health inspectors, pupil public health inspectors and technical assistants.

Tuberculosis.—Ambulance drivers were also offered Heaf Tests and two who proved to be negative attended the Chest Clinic for B.C.G. Vaccination.

All new ambulance drivers are being offered smallpox and B.C.G. vaccination, if found to be necessary.

Social Worker.—The Social Worker, Mrs. J. K. Smith, reports:—

"Initially an introduction to various departments within the Local Authority was made by the Senior Medical Officer later followed by Social Worker visits to these Departments. During these the social welfare aspects of the Occupational Health Service were emphasised and suitable referrals discussed. In the early stages use of the social welfare section by local authority departments was spasmodic; however, over the past few months such referrals have become far more frequent. Although this is encouraging, even greater use could be made of the services available. However, few individuals make their personal problems known at work, and it is therefore necessary that those to whom this service can be of use are made aware of its presence and purpose. Many cases which have primarily been referred for financial assistance have shown that there are many underlying problems. This is exemplified with people who have reached retirement age, or have had to retire on grounds of ill-health. Financial assistance may be only a small factor in respect of their many other difficulties, which if not capable of solution by the Occupational Health Service, are referred to an agency more appropriately equipped to deal with such problems.

Within the last six months of the year, 38 new cases were referred, 18 by the Medical Officer and 20 directly from departments. These resulted in 28 visits by clients to the office and 84 home visits. The type of cases referred varied greatly, from practical help, for example, with finance and housing, to more personal problems which required regular visits over a longer period of time."

Occupational Hazards.—A brief summary of some of the occupational hazards encountered during the year will help to illustrate the problems which arise from time to time, either when a case of illness or injury is reported or during routine visits.

Prolapsed disc—This condition was observed in two different occupations; a district nurse and a motor mechanic. The common factor here was the lifting of a heavy weight under awkward conditions. In both cases alternative work not involving heavy lifting was found, one with the same department, and the other with another department in the Corporation.

Dermatitis—A worker in the Printing Department who was using a cleansing fluid, also used by others in the same occupation, developed a contact dermatitis. An alternative cleansing fluid was brought into use, and when last followed up, no untoward reactions were reported.

Oil on Skin—At the latter part of the year this hazard was reported widely in the press following a case of skin cancer resulting from industrial exposure to oil. Although the various occupations in contact with oil in local authority employment do not involve a degree of exposure comparable to those met within industry, details of this hazard, and of the precautionary measures to prevent this, were circulated to all departments.

Metal fume fever—Symptoms typical of mild attacks of metal fume fever were reported by workers who were exposed to fumes resulting from electric arc welding of zinc coated tubular steel. Inspection showed the work was carried out either in a large shed or in the open air, and that there was little or no risk of dangerous levels of exposure to the fumes being reached. Suitable respirators, however. were recommended to allay the apprehensions of the workers involved.

WELFARE OF HANDICAPPED PERSONS SERVICE

(Welfare of the Blind and Partially-Sighted)

By A. J. BAKER, Chief Assistant (Admin.),
Welfare of Handicapped Persons

"The light upon her face shines from the windows of another world"
Henry Longfellow (Michael Angelo)

EMPLOYMENT AND TRAINING

The Sheffield scheme of payments to blind workshops employees at 1st January, 1970, was as follows:—

(i) The basic rate for qualified blind male workshop employees was £15/10/0 (those qualified for the service supplement receive £15/17/0) and the rate for qualified females was £11/14/6 per week (with the service supplement £11/19/9).

(ii) The standard working week is five days—40 hours for males and 35 hours for females.

(iii) The qualifying earnings figures are:—

	£	s.	d.
Males			
Brush pan hands	4	6	5
Brush drawn hands	3	9	5
Basket department	5	0	0
Mat department	5	19	3
Boot department	3	6	0
Females			
Caning and seagrass seating workers	2	10	1
Round machine (also netting)	1	8	4
Light basket work	1	0	0

(iv) Workers' earnings are reviewed at six-monthly intervals; special reports are presented of those operatives who do not qualify in accordance with the foregoing scheme. The Health and Welfare Committee deals with these cases on their merits. The following table shows the sale and the productive wages paid to disabled employees in the workshops during the last four years:—

Year ended 31st March	*Productive Wages* £	*Gross Sales* £	*Less Purchase Tax* £	*Total Net Sales* £
1966	11,915	40,988	1,325	39,663
1967	11,960	40,243	1,352	38,891
1968	13,162	39,318	1,405	37,913
1969	10,953	39,039	1,524	37,515

The number of blind persons employed in the workshops at the 31st December, 1969 is shown in the table below.

Area	*Administration and miscellaneous*	*Men's Department*				*Women's Department*	*Total*
		Basket	*Boot*	*Brush*	*Mat*		
Sheffield	2	6	4	12	10	5	39
Doncaster	—	1	—	—	—	—	1
Rotherham	—	—	—	4	—	1	5
West Riding of Yorkshire	—	1	—	2	3	—	6
Derbyshire	—	—	—	1	—	1	2
TOTALS	2	8	4	19	13	7	53

There are still two severely disabled sighted workers, one in the brush department, while the other is employed as assistant in the women's department. At the end of the year there was one trainee, a Sheffield case.

There was one blind person employed locally as a home worker—a male piano tuner.

The arrangements for placing the blind in open employment continue to work satisfactorily and 55 local blind persons are so employed. Four persons were newly employed in open industry during the year and five left in the same period.

GENERAL SOCIAL WELFARE

The regular activities for blind persons—the weekly Wednesday morning handicraft class for men, the weekly Wednesday afternoon class for women, and the fortnightly class for the deaf-blind—have continued as in previous years together with the district social centre half day meetings which are held fortnightly at Broomhill Welfare Centre, Sharrow Lane, Darnall Labour Hall and Hillsborough Trinity Methodist Church.

At December 31st, 1969, 673 blind persons and 28 partially-sighted persons held free travel passes and 14 permits were on issue to blind persons to enable them to carry their guide dogs free on Corporation buses.

Holiday grants were again given to blind and partially-sighted persons who satisfied the conditions laid down, and in the case of blind persons they received an additional grant from the Royal Sheffield Institution for the Blind.

The chiropody treatment scheme which has been available to blind persons since 1943 has continued, chiropodists in private practice being still used for this service. At 31st December, 1969, 226 blind persons were receiving treatment against 223 a year previously. In all 21 chiropodists were used and 2,054 treatments given. Partially-sighted persons needing treatment are dealt with under the Department's general service for the elderly and handicapped.

The Department has employed a full-time wireless mechanic since 1947, to service the sets received from the British Wireless for the Blind Fund. 539 of these sets were in use at the end of the year, while maintenance was also carried out on 46 privately-owned sets of other blind people. In the majority of cases no charge is made, but each case is assessed individually according to an approved scale; those in full-time employment pay full cost. During the year 112 sets were returned to the Department owing to deaths or receiver defects. 40 new sets were received from the B.W.B. Fund during the same period.

A summary of the work undertaken is given below:—

	1968	1969
Service visits paid	467	490
Repairs carried out at the workshops	149	140
Sets issued to blind persons for first time	63	85
Sets issued for replacement purposes	40	46

This service also covers certain persons on the partially-sighted register, and 44 gift sets which have been allocated are being maintained by the mechanic; 19 were issued during the period under review.

Blind Welfare Saleshop.—Located in Pinstone Street since 1933, the saleshop was finally closed in September on the expiration of the lease.

In December a new kiosk, named 'Blindcraft', was opened in Castle Square. Although limited space restricts the display of some of the larger goods, a valuable link has been re-established with those members of the public interested in purchasing goods made by handicapped people.

SHEFFIELD JOINT BLIND WELFARE COMMITTEE

The purpose of this Committee, formed in 1948, is to co-ordinate the welfare services of the Royal Sheffield Institution for the Blind and this Department. The regular features which had proved popular in the past were continued and there was the usual joint outing. The destinations in June, 1969, were again Cleethorpes and Derbyshire (Buxton and Matlock).

WELFARE OF HANDICAPPED PERSONS SERVICE

(General Classes)

By Frada Eskin, M.B., Ch.B., D.P.H., D.Obst., R.C.O.G.,
Senior Medical Officer

"*Fire is the test of gold; adversity of strong men*"
Seneca (On Providence)

For many years it has been recognised that the disabled have special needs both physical and otherwise, and in this City a special service for handicapped persons was inaugurated in 1952 which, during the 18 years of its existence, has been expanded to provide the many facilities that are at present available.

Persons who require help are registered with the section, and may then avail themselves of the service appropriate to their particular problem. At the end of 1969 there were 3,402 people registered. Technical and social work officers are available to assess need and to give advice and help. The technical officers are concerned with practical day to day physical problems, including aids to daily living, adaptations to premises and rehousing. The social work officers are concerned with emotional difficulties that arise in association with physical problems. Each group of officers liaises with the other in order that as full a service as possible may be given to the person in need.

Persons are referred from many sources including relatives and friends, hospitals, G.P.s, Department of Employment and Productivity, health visitors, home nurses, social workers from other local government agencies, and the press. It is important that people should be made aware of the services available and where to locate them.

CENTRES

This year has seen the completion of the first purpose-built centre for handicapped persons in the City. This is situated on the Kelvin housing development in Albert Terrace Road and has been designed to cater for 100 people. There are four main rooms—a work room, a social room, a lounge and a spacious dining room. There are modern kitchen facilities, a bathroom and a hairdressing cubicle. In one corner of the workroom there is a rehabilitation kitchen unit for the use of the occupational therapist. The staff consists of a senior supervisor, and three supervisors who are able to instruct in various handicrafts and to organise social activities. There is also a qualified occupational therapist on the staff, who acts as deputy senior supervisor, and whose work includes rehabilitation and outside visiting. The other centres in the City continue to function at full capacity. Psalter Lane, Manor and Firth Park are handicraft and social centres. There is also a work centre situated in the Sharrow Lane workshops for the blind, where a large quantity of wooden goods are produced for sale, and where outwork is taken from various firms in the City. Many of the cupboards and tables at the Kelvin centre were designed and made at Sharrow Lane by handicapped persons. In general it is hoped that the centres fulfil three functions. They should provide social contact, rehabilitation and work activities. Some people attend who would never be able to work, either through age or disability, and require social diversions. Others require a sheltered progressive system so that, when they are ready, they are able to be transferred from handcraft to work centres, and thence either to the Industrial Rehabilitation Unit or directly to open employment.

Case Conferences.—Regular case conferences are held at each centre. This enables supervisors and social workers to hold informal discussions with reference to individual patients, and ensure that each person is achieving his or her optimum.

Centre Committees.—In many of the centres those persons attending have formed their own committees and are organising various activities for themselves. Active participation by centre members gives a wider range of activities, and should help to encourage self-confidence and independence.

Centre News Letter.—The centre news letter, started in 1968, has been a great success. Every centre has its own reporters, and this has encouraged a spirit of competition and participation between centres and among patients.

Integration.—A centre has been set up at Psalter Lane to cater for equal numbers of physically handicapped and psychiatrically handicapped patients, a full account being given on page 79.

YOUNG PERSONS' GROUP

This group, which caters for those aged between 16 and 21, continues to meet and function at Sharrow Lane workshops for the blind. Young disabled have special needs both social and from an employment point of view. It is often very difficult to find suitable work in open employment for many young disabled persons. Schooling has often been lost owing to extensive periods of illness and time spent in hospital. Lack of formal education and qualification increases the difficulties in finding work, and a prolonged period between school and employment also decreases the chances of finding suitable occupation. This is a problem which needs urgent attention and is at present being considered at a national level.

ACCESSIBILITY

Recent structural alterations in the centre of the City, including the construction of underpasses and road bridges, have engendered certain problems for the handicapped and elderly. Steps and steep ramps are added obstacles for those hampered by mobility difficulties, and for some it has now become practically impossible to visit the town centre without a great deal of assistance. While these alterations are designed for the good of the population as a whole, a large proportion of the population are elderly people, many of whom are disabled by arthritis and other chronic diseases which limit mobility. In recent times the community has expressed great concern for the plight of the elderly and the disabled in the City. Accessibility and mobility play an important part in maintaining personal independence, and should be considered as important a problem as that of suitable accommodation, if community care of the elderly and disabled is to be truly comprehensive.

ADAPTATIONS AND AIDS

Requests for aids and adaptations to premises continue to pour into the section from many different sources. The technical staff continue to cope most efficiently with the large number of daily requests for help. A request for a practical aid often leads to the discovery of further problems, and the good liaison that exists between technical and social work staff enables these to be considered as a whole, and dealt with in a satisfactory manner.

The following alterations and adaptations were carried out at a cost of £6,081:—

(*a*)	Provision of handrails to steps and stairs	279
(*b*)	Provision of gateway at top of stairs	2
(*c*)	Provision and fixing French windows	1
(*d*)	Provision of washbasins	9
(*e*)	Replacing up and over doors in garage	7
(*f*)	Provision of downstairs W.C.	2
(*g*)	Provision of handgrips	9
(*h*)	Provision and fixing of fencing at side of house	2
(*i*)	Chamfering door slips	5
(*j*)	Provision of electricity supply	1
(*k*)	Resiting socket outlets	1
(*l*)	Fitting extractor fans	2
(*m*)	Rehanging doors	10
(*n*)	Construction of garage base	6
(*o*)	Provision of pavement crossover	5
(*p*)	Provision of concrete path	6
(*q*)	Provision of concrete platform	5
(*r*)	Provision of concrete ramp	2
(*s*)	Resurfacing driveway	2
(*t*)	Resetting steps in garden	1
(*u*)	Lowering kerb	4
(*v*)	Levelling garden area	1
(*w*)	Repositioning kitchen sink	3
(*x*)	Replacing of windows	2
(*y*)	Fitting tail bolts and cabin hook to garage	1
(*z*)	Replacing door handles	1
(*aa*)	Refixing bannister rail	1
(*bb*)	Resiting clothes posts	1
		371

SOCIAL WORK

With legislation on the Seebohm report still pending social workers in this service, as in other social work agencies, await the expected re-organisation with mixed feelings. From a long-term aspect a unified social work service should obviate much of the duplication and omission which exists at present. However, the immediate prospect of change has given rise to some feelings of insecurity among social work staff who will be more settled when a definite plan is outlined.

There have been some staff changes during the year. The gap left by the departture of Mr. D. M. Stephenson, Principal Social Worker, to take up a post in Lincolnshire, has been filled by Mr. A. J. Dean. His previous position as Senior Social Welfare Officer has been filled by the promotion of Mr. S. E. Jepson. One social worker, involved for most of her time in a psychiatric hospital research project, left at the termination of the project for family reasons. Two social workers are at present on professional training courses at the Sheffield Polytechnic. One of these will return in the summer of 1970. A new trainee social worker has recently been appointed with a view to attending a professional training course at a later stage.

As in previous years the section has accepted several students for varying periods. The importance of having students in the agency cannot be stressed too strongly. Their presence helps to stimulate thought and ideas among the qualified social work staff, which is equally as important as training future workers in the field. During the year 16 students were accepted from various sources:—

Certificate in Social Work, Sheffield Polytechnic	8
Social Welfare Officers for the Blind, Leeds	3
Child Care Course—Sheffield	2
Sheffield University—Applied Social Studies	3

Regular monthly medical sessions are held for social work staff. Dealing with people who suffer from various physical problems may give rise to some difficulties, and the staff find it useful to have the opportunity to increase their knowledge of medical matters. There has been a move towards social work in the blind field being integrated with that of persons disabled by other handicaps. One home teacher retired during the year, and two more are due to retire in the near future. It is hoped that these valuable workers will be replaced by social workers who have had a general training, but who possess in addition a specialised knowledge of the blind.

A great deal of work is being done in improving liaison between services for the handicapped and other agencies including medical-social workers at all the hospitals, schools for physically handicapped children and special clinics for handicapped children, other local government social work agencies, and voluntary organisations for the handicapped. Liaison with all these departments is leading to the development of a more cohesive service.

THE WELFARE OF THE DEAF AND HARD OF HEARING

There is only one officer in the section who has a thorough understanding of communication techniques with the deaf and hard of hearing. This is not a popular field of social work activity but fortunately there are now several social workers in the section who are taking an interest in the problems of the deaf. These include not only difficulties of communication, but all the other problems associated with such an isolating disability. It is also important to be aware of the existence of a deaf person at the onset of the disability so that preventive work can be undertaken and unnecessary problems avoided. An excellent liaison is maintained with the pre-school audiology clinic where many cases of deafness are first discovered. A social worker attends at each session of the clinic, and is able to make early contact with both the parents and the afflicted child.

Deaf people in Sheffield make use of Psalter Lane centre for their social gatherings and meet for various activities every Wednesday and Saturday evening. A group of elderly deaf also meets at Psalter Lane on Thursday afternoon. For the evening activities a rota of officers is available for help and consultation during the evening if so required.

Numbers on the register at the end of 1969 were:—

Deaf with speech	215
Deaf without speech	240
Hard of hearihg	176
	631

SHEFFIELD ASSOCIATION IN AID OF THE ADULT DEAF AND DUMB

Once again the Trustees of this Association have made available a large grant, which has been put to good use. We are most fortunate in having such an organisation in Sheffield to supplement the local authority services for the deaf.

PUBLIC HEALTH INSPECTION

"A good name is rather to be chosen than great riches"

Proverbs 22

In the final year of the decade it became apparent that, whilst the variety of work carried out by public health inspectors had not diminished, changes in emphasis had taken place. The disappearance of large areas of unfit property lessened the work required to alleviate unsatisfactory living conditions, and there was a great increase in the number of houses improved. The Housing Act, 1969, stressed the need not only to improve properties but also to repair them. Houses in multiple occupation continued to receive increased attention and many were brought up to a better standard; on the other hand the common lodging house had almost entirely disappeared and at the end of the year only one was left in Sheffield.

The inspection of offices and shops has become a regular feature of an inspector's daily work, and much time was devoted to food hygiene and the prevention of food poisoning.

Details of the work carried out, and the types of complaints dealt with, are shown in summary form on page 133.

Animal Welfare.—Twelve premises in the City are licensed as boarding establishments where cats and dogs may be left when their owners are unable to look after them on account of sickness or absence from home. Three premises are licensed in compliance with the Riding Establishments Act, 1964, and there are 28 pet shops licensed under the Pet Animals Act, 1951.

The public health inspector carries out inspections of these premises at intervals to ensure that the premises and fixtures are maintained at the standards laid down in the relevant Acts.

Canal Boats.—74 visits were paid to the canal during the year to ensure adequate living accommodation and exclude transmissable infections, as required by the Public Health Act, 1936, and the Canal Boats Regulations. As a result of increasing carriage of goods by road, the number of boats coming into the City has declined gradually over a number of years. Details of the visits are shown on page 136.

Caravans.—There are four licensed sites in the City, one site housing 30 caravans used for weekends and holidays only, two sites for single caravans with limited planning approval, and one site with two permanent caravans and twelve weekend-holiday caravans, also with limited planning approval.

The largest site is on the east side of Rivelin Valley and the owner is endeavouring to improve the landscape by planting trees. The continued development of this area for recreational purposes may determine a possible expansion of facilities on this site so that accommodation for tourists visiting Sheffield might become available.

Common Lodging Houses.—A number of visits were made during the year to the one remaining common lodging house. On each occasion the beds were examined but no vermin was found. Only five or six male lodgers were in occupation for most of the year. This lodging house, together with adjoining properties, was included in a Compulsory Purchase Order and it may be that during the coming year the last common lodging house will disappear from Sheffield.

Disinfestation.—The number of visits paid to premises where infestation was suspected totalled 7,877 and it was necessary to issue 128 informal notices for filthy or verminous premises; no formal notices were served. 931 requests were received to eradicate bugs, cockroaches, fleas, flies and other crawling or flying insects from houses and business premises. 88 requests for the destruction of filthy or verminous articles were accepted and the necessary action taken.

The number of houses inspected on behalf of the Housing Department, prior to tenancy transfer or rehousing, increased from 4,306 to 4,421 and of those, 121 were found to be verminous, compared with 69 in the previous year. The unexpected increase in the percentage of verminous houses reversed the steadily declining trend over the previous six years and was due mainly to the state of property in two Clearance Areas.

Factories.—The City Council's register of factories contains particulars of 99 factories where no mechanical power is used and 2,618 factories using mechanical power. Inspections were made in accordance with the requirements of the Factories Act, 1961, and a table giving particulars required by Section 153(1) of that Act, together with an analysis of the defects found, is shown on page 139.

The only employer known to be using outworkers sent in the statutory returns during the year and no defects were found in the premises concerned.

Food Hygiene.—Last year, the modern feeding habits of the public came under scrutiny. In particular hot dogs and hamburgers, mobile food shops, food in public houses, and the extensive 'mouth-watering' menus displayed in the modern fish and chip shops were mentioned in the general context of the spread of gastro-intestinal diseases but what of the more traditional food handlers?

The butcher still insists on importing dirt and dust mixed with large quantities of sawdust into his shop daily, religiously spreading it over his shop and cutting-up room floors! He is, of course, genuinely concerned about himself or his staff slipping on the greasy debris with which they themselves have littered the floor. To strengthen his case he draws attention to the sharp knives which he invariably has to hand when carrying on his business. This in spite of the fact that the Food Hygiene Regulations require him to provide smooth, non-absorbent floor surfaces often at considerable expense.

In recent years, no doubt for economic reasons, the butcher has expanded the number of commodities sold in his shop. Tinned foods, a variety of made-up meats, and readycooked chickens are now part of his stock-in-trade. One wonders whether he and his staff are fully aware of the dangers of cross infection by Clostridium Welchii from the raw meat and offals to made-up and cooked meats, by the use of knives and slicers common to both kinds of food, and whether the grocer and provision merchant too are aware of similar dangers when slicing raw ham and cooked meats on one and the same slicing machine?

The Public Health Inspectors continue to deplore, with little effect, unfortunately, the practice in the catering industry of cooking meats and poultry the day before they are sold to the customer. The trade contends these foods can only be economically sliced when cold—hence the persistence of this ingrained practice fraught with danger to the unsuspecting public. It is more than frustrating to have to accept that, in an industry which has reached such tremendous dimensions in recent years, public health must take second place. The anomalous policy persists in the trade, whereby the important duty of cleansing and sterilising of equipment, crockery and cutlery is often carried out by uninformed, low-paid workers, many of whom are only part-timers and not considered to be 'on staff'.

Today, it is of paramount importance that the food trade generally should be aware of the need for getting their priorities right and show more concern, in respect of staff education in the rudiments of hygiene. Some progressive firms are seeking local authority advice on courses in food hygiene but there are far too many lagging behind in this respect. Lectures in schools relating elementary bacteriology to food hygiene practice would establish a sound basis for later adult education. On the spot protest to the management by a general public sufficiently alive to the dangers of malpractices carried on under its very eyes could result in distinct and immediate improvements.

83 cases of food poisoning were confirmed in the City during 1969 and during investigations 662 visits were made to homes and various sources of suspected infected food. 16 samples of food were submitted to the laboratory for bacteriological examination.

Legal proceedings were instituted in respect of two premises. Eight offences at a bakehouse resulted in fines totalling £155 and the other case, a grocery shop, was heard early in 1970.

Details of food premises subject to the Food Hygiene (General) Regulations, 1960, and grouped into the categories of trades carried on in them are shown in the appendix page 140.

Offices, Shops and Railway Premises Act, 1963.—The number of visits carried out under the Offices, Shops and Railway Premises Act was 7,584 compared with 7,135 in 1968 and is likely to be stabilised at this level. The routine visiting, which is the basis of enforcement of most of our public health law, is a continuing and unceasing responsibility but has, to a large extent, fitted into the everyday work of the department. Nevertheless the Shops and Offices legislation is likely to present challenging problems for some years to come as a stream of circulars, statutory instruments and new interpretations continue to be received.

It is still somewhat difficult to impress upon employers that accidents are such a considerable national problem, and even employees treat risks lightly unless they are themselves involved. The inspectors find consultation with the liaison officers is of great value but a set of safety standards covering a wider range of machines and guards, contained in one publication, would be of advantage. Further publicity through safety committees, health education and other media can usefully be employed to stress this major problem.

A question which has recently arisen is in connection with betting shops. Licensing Justices in Sheffield have thought that sanitary accommodation should be available for punters (who contrary to expectations stay in the place for varying periods) but, of course, the Offices, Shops and Railway Premises Act makes provision only for employees. It has been found, however, where separate accommodation for the sexes has been installed, that this tended to solve the problem provided that sanitary accommodation was accessible to staff and punters: but some occupiers of this type of premises are reluctant to make such provision where, because of the limited numbers of employees, one watercloset would satisfy the provisions of the Act. During the latter part of the year, a betting shop underwent re-arrangement whereby the sanitary accommodation available within the building was lost and substitute facilities involved travelling along two streets and negotiating four flights of steps, a distance of nearly 100 yards. An application for a renewal of the betting shop licence heard by the Justices was opposed by the police and public health officers, on the ground that the sanitary accommodation

was not conveniently accessible, but was granted by the Justices, who considered the provisions described above as satisfactory. Consideration is being given to proceedings under the Offices, Shops and Railway Premises Act but as the case would be heard in a Court in the same Courthouse one wonders whether the opinion held by the Licensing Justices would also be held by the Magistrates.

Accidents.—During the year there was a total of 184 reported accidents of which 44 were due to falls and 74 to handling goods. The total is slightly higher than last year's total of 179 but the emphasis has switched somewhat from falls to the handling of goods. There were no reports of injury arising from fires and explosions or from electricity.

Prosecutions.—There were no prosecutions as a result of accidents during the year, but three formal warnings were given.

(*a*) In a newly opened grocer's shop with defective floor covering, a woman assistant fell when climbing on stock (instead of using a ladder alleged to have been available). The accident which involved a slight injury to head and ankle was not reported and came to light on a routine visit.

(*b*) A male assistant cut his finger on the blade while cleaning a bacon slicer when it was in motion; he had been in the grocery trade for 10 years and said he found it easier to clean the slicer in that way.

(*c*) A warehouseman moving a 1 cwt. drum, tripped on loose floor coverings, the drum fell and caused a strained leg muscle.

LA Circ. 8 (Rev.) Supplement 3 refers to the need for local authorities and fire authorities to make arrangements to ensure that information is obtained for inclusion in the quarterly statistical returns. Good liaison exists in Sheffield but fortunately there have never been occasions for the returns to record fatalities or serious accidents as a result of fires in premises which are subject to the Act.

Offensive Trades.—There are 11 premises in the City used for the purpose of offensive trades, and the inspections made during the year confirmed that the premises were not creating a statutory nuisance.

Pleasure Fairs.—Fourteen applications were received to hold pleasure fairs at various dates during the year and permission was granted by the City Council in 11 cases, in accordance with the Sheffield Corporation Act, 1928. One application was refused as the proposed site was a recreation ground, one application was in accordance with ancient custom so that no consent was necessary and another application was withdrawn as the ground landlords refused to allow the proposed site to be used.

Heavy rainfall in late May caused two sites to become waterlogged; permission was granted for one fair to be transferred to another site and the period of the other extended by one week.

Public Swimming Baths.—Check sampling and testing of water from eleven indoor and two outdoor public swimming baths, three hospital therapeutic baths, and two swimming baths (one open air) at two private schools, continued during the year. The bath attendants in each case, carry out daily tests.

The following are the results of samples tested and submitted to the Public Health Laboratory:—

No. of swimming bath water samples submitted for bacteriological examination	54
No. of bath-side orthotolidine tests carried out	49

All but four samples were satisfactory. Those reported on adversely were found to be due to minor failures in the automatic chlorine injection system.

Rag, Flock and Other Filling Materials Act, 1951.—The number of premises registered under the Act remained at thirteen, and no licences were issued in respect of premises used for the manufacture or storage of rag flock. The inspections made during the year confirmed that the material used complied with the Act and, with the increasing use of foam rubber and man-made materials, it would seem that the risk of infection caused by dirty filling materials is much reduced.

Rehousing Priority Cases.—During the year 1,497 applications were received for priority rehousing. These came from general practitioners, social workers, hospitals and private individuals—others were from the Housing Department and members of the Council. These cases were concerned with infirmity, old age, overcrowding, domestic hardship, and housing which was unsuitable due to a variety of medical conditions.

Upon receipt of applications, apart from those concerning transfer of Corporation tenants, each was investigated by a public health inspector and a visit was made to the house; subsequently, where necessary, a visit was made by the Deputy Medical Officer of Health or other Senior Medical Officer, and a Superintendent Public Health Inspector who together made 418 visits. In the majority of cases a decision was made by the Medical Officer immediately but in others further consultations with hospital specialists, general practitioners, etc. were necessary.

Applications for priority transfer of Corporation tenants on medical grounds are normally accompanied by a report from a housing visitor, and an assessment can often be made by the Medical Officer of Health after considering the medical evidence and information already obtained. Nevertheless the Medical Officer of Health personally visited 225 such cases.

It is of importance that the utmost benefit will accrue from rehousing and detailed assessment has to be made in each case having in mind the personal housing needs and the family circumstances; in addition special requirements such as adaptation of accommodation or other aids in respect of any particular disability are considered.

Below is shown the manner in which applications for priority rehousing were dealt with:—

Type of Case	*Number of applications received*	*Number recommended*	*Number not recommended*	*Number requiring further investigation*
Various medical conditions ...	811	280	357	174
Overcrowding or alleged overcrowding	57	5	52	—
Associated with domestic hardship	25	4	21	—
Poor or unsuitable housing conditions	23	3	20	—
Transfer cases affecting Corporation tenants only ...	581	471	110	—
TOTALS	1,497	763	560	174

Included in the cases counted as not recommended are 8 where the applicants refused an offer of assistance and 4 where it was found the applicants had died since making a request for rehousing; it was found that the applicants in 4 instances wished to take advantage of Social Care accommodation and 7 had found their own accommodation.

During the year, 506 cases were rehoused into more suitable accommodation. Over the past 16 years, 11,691 applications for priority rehousing have been received, and of these, 3,596 have been recommended to the Housing Committee.

Sewerage and Sewage Disposal.—The City Engineer and the General Manager and Engineer of the Water Pollution Control Department have supplied the following brief account of the arrangements for sewerage and sewage disposal in the City:—

"The City's sewerage system is generally adequate for its needs but the main outfall sewers are old and require duplication or enlargement. Investigations into the main outfall system are in hand and a preliminary borehole contract is about to be put out to tender. Capital schemes completed during the year were:—(1) Furniss Avenue Relief Sewer £25,000; (2) Woodbourn Road Relief Sewer Scheme £104,000; (3) Dore Road Sewer Reconstruction £14,100; (4) Broadfield Road Relief Sewer £90,000. Work on smaller revenue schemes has cost some £23,800 whilst £76,000 has been spent on maintenance and cleansing of sewers."

"The modernisation of the main sewage purification works at Blackburn Meadows proceeded steadily during the year and Phase IIIA (Primary Sedimentation Tanks) and Phase IV (Sewage Incineration Plant) of the reconstruction scheme were substantially completed. Storm sewage is not treated at present but temporary arrangements to do so are being made while plant requirements to treat anticipated increases in sewage flow are under consideration. The six sewage works in the Rother Valley drainage area are reasonably satisfactory but the proposed development of this area will necessitate the closure of the Beighton Sewage Works, two small works at Hackenthorpe, and the enlargement of the Woodhouse Mill and Holbrook Sewage Works. The extension of the Holbrook Works is scheduled to begin in the coming year."

NOISE ABATEMENT

Industrial Noise.—During the year 72 complaints were received from members of the public concerning excessive noise emanating from industrial and commercial premises. Each complaint was investigated but in no case was it found necessary to take action under the Noise Abatement Act.

A number of complaints were again received concerning noise emitted by dust collecting plants, extractor fans and air conditioning plants; one of these concerned the noise from a forced draught fan which had to be installed in connection with a furnace. This had been converted from oil burning to gas burning, and operated for 24 hours each day. All these cases have been successfully dealt with by the fitting of silencers, by the fitting of suitable noise insulation material to the plants, or by the alteration of the position of the vents serving the offending plants.

Large mobile compressors engaged in various kinds of road and demolition work were the cause of some complaints, and often the machines concerned were not equipped with effective silencers, or they were the wrong type of compressor to use near occupied houses, shops or offices.

Gradually contractors and operators of pneumatic drills are fitting mufflers to these machines, but there are still some who use drills without any silencers. Self-Service Launderettes and Dry Cleaning Plants are increasing and, as these establishments may be open from 8.00 a.m. to 10.30 p.m. for seven days a week, may cause a serious nuisance to people living in the immediate vicinity. In these circumstances it is often necessary to insulate the premises against noise, and ensure that dry cleaning machines are erected upon their own brick foundations when the building has wooden floors.

Finally, there were complaints where effective insulation could not be achieved because the houses were close to industrial premises. In these cases the firms involved were usually willing to do whatever they could to minimise the noise, but the action taken gave no satisfaction to either of the parties concerned.

Non-Industrial Noise.—57 complaints were received involving 109 visits, some during the evening as this was often the only time when complete investigation could be made.

Concert rooms connected with licensed premises and clubs are not always constructed to contain the loud 'beat music' so common today. As a result of a complaint dealing with this class of noise nuisance, it was necessary for a Brewery to carry out some insulation in the concert room of one of their houses in order to reduce the amount of noise reaching, and often annoying, the people living in the neighbourhood.

A rather unusual noise nuisance was investigated in the latter part of the year in respect of a church which had a very low-level bell tower. Several male members of the congregation had decided to acquire the art of bell ringing and so a team of accomplished ringers was attending the church on Monday evenings between the hours of 8.00 p.m. and 9.30 p.m. and engaging in fairly continuous instruction and practice. The church was situated in a populous area with narrow streets and terraced houses, very many in close proximity to the church, and in consequence children were unable to sleep and older people could not hear the television or radio. An approach was made with a view to a start being made a little earlier in the evenings, and some improvement was achieved.

These examples raise the question of what is a noise nuisance, and what type and source of noise might be regarded as part of community life, although generally it is the volume and not the type of noise which leads to a complaint.

WATER SUPPLY

"I'll see you again,
Whenever spring breaks through again"

Noel Coward (Bittersweet)

The water supply to the City is provided mainly by the Sheffield Corporation but an area to the south-east, which was brought within the City boundary in 1967, is supplied by the North Derbyshire Water Board. The following report is an amalgamation of the information supplied by the two Undertakings:—

A direct piped water supply is provided for a population of 523,406 in 188,186 dwellinghouses, the water being obtained mainly from moorland gathering grounds to the west and north-west of the City, but since 1965 this supply has been augmented by river water from the Yorkshire Derwent. The water supply to the 'Mosborough Area' is very hard as it is obtained from a predominently limestone region.

In view of the variety of sources of supply, there is a wide variation in the chemical analysis of the water samples, as shown on the following table:—

	Sheffield Corporation supplies	*North Derbyshire Water Board supplies*
pH value	8·3—9·5	7·5—8·1
Alkalinity ($CaCO_3$)	6·9—24·9 mg/l	100—200 mg/l
Hardness ($CaCO_3$)	36·6—87·2 mg/l	100—400 mg/l
Chloride (Cl)	12·6—32·0 mg/l	18—115 mg/l
Fluoride (F)	0·1 mg/l	0·15—1·0 mg/l

The raw water is filtered and chlorinated at source and then stored in covered service reservoirs before entering the City's water mains. Regular examination is made of raw and treated waters and chemical and bacteriological analyses are made. There is also monitoring of water samples to detect any excessive amount of radioactivity, but the level is extremely low and gives no cause for concern. All the bacteriological samples of treated water, showed at least 99·7% were free from coliform organisms which may be of faecal origin and have been consistently within standards laid down by the Department of Health.

Samples taken from consumers' taps and examined for evidence of plumbosolvency have in all cases shown that the lead content was well within the recently revised acceptable lead concentration limit.

All newly laid or repaired mains were washed out and sterilised before being brought into service, and water samples examined showed satisfactory bacteriological and chemical results. There were occasions when some discolouration of water from consumers' taps caused complaint, but this was due either to the slow sand filters at Langsett being occasionally unable to remove all harmless peaty deposits from the moorland waters or to a reversal of flow in water mains disturbing sterile sediment in the mains.

PUBLIC MORTUARY

By Roger Chapman, M.B., Ch.B., D.P.H.
Deputy Medical Officer of Health

"*It is always nice to be expected and not to arrive*".
Oscar Wilde (An Ideal Husband)

As a consequence of a review by the Policy Committee of all agency arrangements, on the 1st April, 1969 the responsibility for the management and control of the public mortuary was transferred from the Sheffield and Rotherham Police Authority to the Health and Welfare Committee. The net costs of the premises are at present shared between the Health and Welfare and the Finance Committees.

The premises accommodate the Coroner's Court, the Magistrates' Courts Committee Juvenile Court, and the Home Office Pathologist. The direction and supervision of staff comprising one mortuary superintendent, two mortuary attendants and two cleaners are now the responsibility of the Medical Officer of Health.

The accommodation provided for the Home Office Pathologist and the working conditions which now exist in the autopsy room are very inadequate and would not be tolerated in any operating theatre. Professional workers in this highly scientific field should not have their difficult task made even more onerous by having to work in a restricted and what could be in consequence a dangerous environment. There is no doubt new or extended accommodation is urgently required not only from an aesthetic and humane point of view but also because of the potential risk of cross infection and accidents.

The Monitoring Oscilloscope

It is well known that the determination of death or a state of irreversible brain cell death can be very difficult in cases of barbiturate or narcotic overdosage, especially when associated with hypothermia. The concern shown by the public and the medical profession over this problem was highlighted by the successful resuscitation of an apparently dead young woman in Liverpool, and the revelation of similar cases which have occurred in other parts of the country, including one in the Sheffield area. To obviate anxiety felt on this score it was agreed with the Coroner that a procedure should be evolved in consultation with cardiologists and other specialists in this field, which would ensure life was extinct from all bodies in the City morgue. A meeting between the Coroner, the Home Office Pathologist, both keen advocates of this safeguard, and the Deputy Medical Officer of Health took place in November and, on their recommendation, the Health and Welfare Committee agreed to an electro-cardiograph or monitoring oscilloscope being installed in the mortuary. It was realised that the instrument itself should be relatively simple, easy to use, and the results capable of interpretation by a lay or para-medical person. It was essential that it should produce no false negative recording, and in ensuring this of course it was realised that false positives would be inevitable. The instrument employed is, in consequence, a suitably modified standard oscilloscope, and the mortuary staff, representatives of the police, ambulance personnel and undertakers have received instruction in the use and interpretation. In conjunction with the installation of this electro-cardiograph it was essential to evolve an accepted procedure of dealing with this special type of death and the sudden unexpected death, since such cases need urgent transportation to a hospital where resuscitation apparatus and a specialist team are readily available. This problem was discussed in detail with the Coroner, the Chief Ambulance Officer, together with representatives from the hospitals primarily involved, and an emergency procedure was agreed which is now in operation. This means in effect that today, all cases of

sudden, unexpected deaths and those where barbiturate, hypnotic overdosage or hypothermia is suspected are conveyed directly to designated hospitals where oscilloscopes and resuscitation equipment are available, and ambulance staff are instructed to initiate administration of oxygen and artificial respiration en route. Copies of this emergency procedure were circulated to the Chief Administrative Officer of the United Sheffield Hospitals, general practitioners through the Secretary of the Local Medical Committee, the Police, Ambulance Service and the undertakers. In addition to providing a safeguard the installation of this new apparatus is enabling research to be carried out, in conjunction with specialist staff from one of the hospitals, into the determination and definition of the 'irreversible state'.

RODENT CONTROL

"What shall I call my dear little doormouse?
His eyes are small, but his tail is e-normous"

A. A. Milne (The Christening)

The Rodent Control section continued to eradicate rodent pests from buildings, lands, sewers, rivers and watercourses and to reduce the number of wild pigeons.

Sewer Disinfestation.—Rodent control in public sewers has been carried out using fluoracetamide following a test bait with sewer warfarin. During the early months of the year 4,450 manholes on the sewer systems in the built up areas of the City were test baited and infestation was found at only eight. Fluoracetamide was applied on four occasions at intervals of three months to these infested and associated manholes (a total of 43).

It is never possible to test bait every manhole on the sewer systems because some are found to be defective and it would be dangerous to remove them, others have become fixed so that they cannot be removed and some are inaccessible, being buried under debris or during the course of tipping operations. 500 such problems were reported and rectified by the City Engineer.

In a pilot test carried out in connection with the sewer systems in the outlying and less congested areas, one in every ten of sewer manholes was test baited but there was no evidence of rat infestation at any of the 1,204 manholes tested.

In addition to the routine treatments carried out in sewers advantage is always taken of the opportunity to carry out additional treatments when it comes to the knowledge of the Department that certain sewers have become defective and require reconstruction.

River and Watercourse Disinfestation.—Routine investigations were carried out three times during the year along the lengths of the Don, Sheaf, Porter, Rother, Loxley, Shirtcliffe Brook, Meers Brook, Shire Brook, Bagaley Brook, Frazer Brook, Tongue Gutter, Hartley Brook Dyke and Ochre Dyke; and twice along the courses of the Car Brook and the Chapel Flat Dyke. Sausage rusk was used for baiting purposes and the poisons used were zinc phosphide and arsenious oxide; 10,023 baits were positioned and takes of bait were recorded at 1,134 of the baiting points.

Disinfestation of Buildings and Lands.—The Rodent Control Service still operates on a 'no charge' basis in respect of domestic premises but a charge is made for the services at all other buildings and lands.

Applications and enquiries dealt with by the Rodent Control Service during the years 1967—1969 are given below, together with the numbers of baiting points positioned.

	Year 1967	*Year* 1968	*Year* 1969
Number of applications and enquiries dealt with (rat infestation)	1,781	1,809	1,946
Number of applications and enquiries dealt with (mice infestation)	1,421	1,548	2,288
Number of baiting points laid	42,067	48,410	56,331
Visits made by rodent operatives following complaints of rats and mice	12,703	13,838	17,048

In 572 of the complaints investigated there was no evidence of rats, and in a further 301 instances takes of bait were exceedingly small. It would appear that many of these complaints arose because the odd rat had been seen crossing gardens, yards or fields, probably to gain access to food supplies or its normal habitat. Similarly, following complaints of mice, it was found in 521 instances that either there was no evidence of mice, or the infestation was very small. This does show however that owners and occupiers generally are ready to call upon the services of the rodent control section on the slightest sign of rats or mice in or near their premises. Public health inspectors and rodent operatives take every opportunity of advising owners and occupiers in preventive measures, and take the necessary action to deal with unsatisfactory conditions which could lead to infestation by rodents.

The considerable increase in the number of applications and enquiries relating to mice infestations gives some cause for concern, and the position is being closely watched regarding the possibility of resistance of mice to certain kinds of poisons. Enquiries particularly at domestic premises show that in many cases the occupiers have been attempting to deal with the problem themselves, then have subsequently requested the assistance of the rodent control service. Frequently it was found that a particular kind of poison had been used over a long period with little or no success but on the application of a different kind of poison the infestation was quickly cleared up. The services of the rodent operatives have also been requested at a number of business premises where rodent control had previously been carried out by private contractors, and it is felt these factors together are contributory to the large increase in the number of applications and enquiries received.

Pigeon Control.—During the year, 3,065 pigeons were taken and humanely destroyed, 2,093 by traditional methods and 972 by the use of stupefying bait. The total number of pigeons disposed of since 1959 now amounts to 21,005.

OSGATHORPE DISINFECTING STATION AND TRANSPORT REPAIR WORKSHOPS

By E. M. Lewis, M.I.R.T.E., M.I.M.I., A.M.B.I.M.,
Transport Officer and Disinfecting Station Superintendent

"Saddle your dreams afore you ride 'em"
Mary Webb

When the above new station was commissioned during 1960 the main objective was to bring together a variety of services which were previously widely scattered over the City. These include storage and distribution of a large stock of care and after care equipment; disinfection and disinfestation services; the operation and maintenance of a substantial fleet of local authority vehicles, ambulances, personnel carriers for handicapped adults and children, and such general transport vehicles as are used in the meals on wheels service.

Early in 1969 it was agreed as a result of O. & M. recommendations that the general transport facilities of the Children's, Social Care, Education and Public Health Departments should be integrated under one head. This amalgamation occurred on 1st June, 1969 and resulted in the formation of what is known as the Welfare Services Fleet. It operates from and utilises the major maintenance facilities of the Osgathorpe Workshops and, it is hoped, will result in a more efficient and economical service. All major repairs are carried out at the Osgathorpe Depot and a preventive maintenance schedule is carried out at the Duchess Road Depot, the former workshops of the Education Department. The Welfare Services Fleet was by then 100 vehicles strong and was able to fully utilise the additional centralised parking facilities at the former Civil Defence Services Depot at Love Lane which was made available to the fleet in October, 1969.

General Stores.—Large numbers of wheelchairs of all types and approximately 450 commodes, many of the new chair type, are in circulation. In addition 'Dunlopillo' and wool mattresses, for the more bed fast category of patient, and modern walking aids are held in stock and distributed. A great deal of thought has been given to individual need for a special type of bed and some of the latest have self-lifting brackets incorporated. A number of hydraulic lifting hoists are in daily use. An average of 80,000 incontinence pads are held in stock.

Safe Driving Awards.—Every driver was entered in this national competition organised by the Royal Society for the Prevention of Accidents and the results were gratifying. The final awards constituted:—

Bar and 20 years Brooch	1	10 years Medal	1
20 years Brooch	4	5 to 10 years Medal	10
Bar and 15 years Brooch	3	5 years Medal	3
Bar and 10 years Medal	2	Diploma 1—4 years	24

Disinfecting Service.—The daily demand on the two Manlove Alliott major disinfecting units is steady but over the past year or so more use has had to be made of aerosol formaldehyde dispensers for the disinfection of man-made fibres.

Disinfestation.—This section of the department is adequately stocked with modern insecticides. The dispensing equipment is reviewed at regular intervals and quite recently two of the newest electrically operated generator units for atomising of insecticides were introduced. The disinfestation operators are of course, supplied with protective clothing including masks, gloves and overalls.

Motor Vehicle Workshops and Transport.—By the end of 1969 the fleet had increased to 160 vehicles including 60 ambulances. The workshops are self contained, all major overhauls and preventive maintenance being carried out at Osgathorpe and Duchess Road depots while body repairs and spray painting etc. are completed at the Corporation Street ambulance depot.

Meals on Wheels Service.—Ten vehicles per day operate this service supplying hot meals to aged and infirm people throughout the City.

Disposal Service.—There is close liaison with midwives with regard to the disposal of placenta and soiled pads. The distribution and collection of incontinence pads is carried out by three vehicles operating a six day week. The soiled pads are placed in impervious bags for collection.

Until June, 1969 these pads were incinerated at the Penistone Road Destructor works. From 1st June, however, the Corporation incinerators were closed necessitating the disposal of 'medical waste' at one of the tipping sites of the Cleansing Department. The waste was placed on the tip by the van driver and was immediately covered by a good depth of soil by means of a mechanical grading machine working on the tip face. Following a local press campaign against this practice, and temporary use of the Royal Infirmary incinerator, a small incinerator of the Cleansing Department was re-opened at the end of June, 1969 and has remained in use since.

Statistics.—Details are given of treatment at the cleansing station, disinfestation of premises and disinfection of articles.

	Totals for 1969
Cleansing of verminous persons	63
Treatment of scabies	1,311
Bathing at home or station	80

Disinfestation for Insect Pests.—Number of premises disinfested for bugs, fleas, silver fish, steam fly, etc.

Corporation houses	353
Other Corporation premises	38
Private houses	457
Miscellaneous premises	86

Articles disinfected during the year (infectious diseases):—

Number of journeys from station to hospital and dwellings in connection with steam sterilisation of bedding, etc.	695
Number of items disinfected	2,018

A NEW LOOK AT HOUSING AND SLUM CLEARANCE

By H. Gregory, M.A.P.H.I., Superintendent, Clearance Areas Section
F. M. Cockcroft, D.P.A., M.A.P.H.I., Superintendent Public Health Inspector
G. Robinson, D.P.A., F.A.P.H.I., Superintendent Public Health Inspector

"A comfortable house is a great source of happiness.
It ranks immediately after good health and a good conscience'
Sydney Smith (Letter 1843)

Slum Clearance.—The Housing Act, 1969, which came into force on 25th August, 1969, contains measures designed to quicken the pace of slum clearance and to bring about improvement and repair of twilight houses, especially in general improvement areas, in an effort to prevent the stock of older houses deteriorating into slums. Measures are also introduced governing the rents of privately rented dwellings which have been brought up to a satisfactory standard. The provisions which relate to slum clearance include (*a*) changes in the criteria of fitness for human habitation; (*b*) a supplementary payment bridging the gap between site and market value payable to certain occupiers of houses affected by slum clearance; (*c*) the doubling of the level of payments for good maintenance of tenanted houses and (*d*) a payment in respect of a house that has been partially well-maintained.

The modifications relating to Section 4 of the Housing Act, 1957, which sets out the matters to be taken into account in determining whether a house is unfit, are the inclusion of 'internal arrangement' and the deletion of 'facilities for the storage of food'. The Act, however, does little to re-define an unfit house more objectively and in consequence what constitutes an unfit house still depends upon the personal judgment of experienced inspectors in deciding what weight should be given to the variety of defects which are found when inspecting a house, having regard only to those factors which may be taken into account under Section 4, as amended.

The introduction of 'internal arrangement' is a useful provision. This includes any feature which prohibits the safe or unhampered passage of the occupants in the dwellings, e.g. narrow, steep or winding staircases, absence of hand rails, inadequate landings outside bedrooms, ill defined changes in floor levels, a bedroom entered only through another room and also a watercloset opening directly from a living-room or kitchen. Items of internal bad arrangement such as these are found to some degree in the majority of the types of houses included in the slum clearance programme but the houses normally contain other serious defects. Although it is not thought that the introduction of this factor will result in a large increase in the number of houses deemed to be unfit, bad internal arrangement is not a defect that can be readily remedied, and this factor may well determine that clearance is the most satisfactory method of dealing with marginal houses, rather than perpetuating their unsatisfactory housing conditions by improvement.

Deletion of the necessity to provide 'satisfactory facilities for storing food' from the standard amenities in the Standard Grant provisions probably made a corresponding change in Section 4 inevitable. It is not thought that this deletion will result in any decrease in the number of houses deemed to be unfit. The absence of a properly ventilated food store has never been considered a sufficient reason by itself to determine a house as unfit. If this is the only deficiency in a house the powers contained in Section 32 of the Public Health Act, 1961 may be used to require the owner to provide sufficient and suitable accommodation for the storage of food.

The new provisions relating to compensation should reduce the number of objections at Public Inquiries, at least from owner-occupiers. In the past the main objection of many such owners has been in relation to the financial hardship that would result from their houses being included in a clearance area. Under the new provisions owner-occupiers of unfit houses affected by slum clearance will, in general, be entitled to a supplementary payment bridging the gap between site value and market value, providing the house has been in owner occupation for two years at the date of the making of the order.

The level of compensation for houses affected by slum clearance which are well-maintained has been doubled. The new concept of making a payment for houses which have been partially well-maintained will be welcomed. Many tenants have carried out expensive works of repair and improvement to the interior of the house, but no payment could be made because the owners had neglected the exterior. In such cases a payment may now be made to the tenants.

The added incentive of full market value for houses which have been in owner-occupation for two years may result in a sharp increase in the number of owner-occupied houses in clearance areas. If the 'sitting tenant' price of a house is likely to exceed 'site value' landlords may persuade tenants to purchase within the qualifying period and so obtain better compensation themselves. The purchase of a vacant house within a proposed clearance area ensures tenancy of a council house, probably with no financial loss. It may be that the increased financial burden will result in some local authorities having to slow down the pace of slum clearance, but it is hoped that this will not happen. So long as areas of unfit houses exist, people are compelled to live in unsatisfactory conditions. This should not be permitted and clearance of these houses is a first priority.

In making amendments to the standard of unfitness it would appear that Parliament has accepted the conclusion, reluctantly reached by the Denington Committee, that while so many seriously unfit houses remain to be cleared, a minimum fitness standard close to the present one must be retained.

It is disappointing that the recommendation of the Committee that bad environment should be taken into account in deciding unfitness was not accepted. The environment in which houses stand is as important to living conditions as the houses themselves. The noise, dirt and fumes from factories can make life very unpleasant, and probably hazardous, for people who live amongst industry, and not all the houses which stand in industrial areas are unfit for human habitation within the meaning of Section 4. There seems to be little that can be done to help the occupants of such houses. The provisions relating to area improvement cannot alleviate these conditions and the Noise Abatement Act and Clean Air Act appear to be inadequate as a means of control. Clearance of such houses is the only satisfactory solution but the clearance provisions of the Housing Acts unfortunately do not provide this remedy at present.

It is difficult to find any basis for the statement made in Circular 68/69 that "Ministers are confident that the provision of this Act relating to slum clearance will encourage authorities to quicken the pace of clearance where it is at all possible." The amendments made to the minimum standard of fitness will have no effect on the speed of slum clearance. The supplementary payment to owner-occupiers may result in some orders being unopposed and confirmation being accelerated, possibly by up to six months but the pace of slum clearance, is not governed by the time taken to obtain confirmation of an order, but by the number of families re-housed and the unfit houses demolished. This factor is dependant upon the availability of sufficient houses, both new and re-lets, suitable in size, rent and locality to suit the needs of the families to be re-housed. In the case of Compulsory Purchase Orders there is the added time factor required by the council in acquiring the interests in the properties. The new provisions for compensation may reduce the time spent in reaching agreement for valuation of owner-occupied houses but market value may still appear to be inadequate compensation for those owner-occupiers who have paid a high price when buying their houses.

Slum clearance is an expensive operation and it will become more expensive in the future. Much has been achieved, however, in clearing the legacy of bad housing in the City since slum clearance was resumed in 1955. The following table shows comparable statistics for the number of houses represented during the first four years of the third five year programme 1966-1969, together with the number and percentage of objections received and the number of Public Inquiries held to deal with these objections.

Year	*No. of houses represented*	*No. of orders opposed*	*No. of houses in orders opposed*	*No. and % of houses subject to objection in opposed orders*	*No. of Public Inquiries held*
1966	2,545	25	794	196 (24·6%)	13
1967	2,395	47	1,699	508 (29·9%)	11
1968	2,107	25	1,964	399 (20·3%)	10
1969	2,064	28	2,094	411 (19·6%)	11

During the year, the Minister confirmed 16 Clearance Orders and 35 Compulsory Purchase Orders containing 2,931 houses. 1,802 families had been re-housed. At 31st December, 1969, there was a total of 2,846 houses in operative orders, 544 houses in orders confirmed but which will not become operative until 1970; 7 orders containing 783 houses have been submitted to the Ministry and await confirmation, and a further 14 clearance areas containing 1,330 houses are not yet subject to orders. There are therefore a total of 5,503 houses in the various stages of the administrative procedure.

In addition to the houses inspected for representation during the year, a further 391 houses offered to the Corporation for purchase in advance of requirements were also inspected. The Estates Surveyor was advised whether they were of a type likely to be represented as unfit for human habitation in the foreseeable future and the probable date of clearance. Various departments were given information on any slum clearance proposals likely to affect houses subject to enquiries for the following purposes:—

Relating to supplementary information required regarding searches of the land charges register	7,486
Applications for improvement grants	1,988
Applications for mortgages	740
Applications for planning permission for change in usage of premises ...	95

Houses in Multiple Occupation.—The Housing Act, 1969, enhances the powers already existing in the Housing Acts, 1961-1964, which deal with the control of houses in multiple occupation. The Act also gives discretionary powers to local authorities to make grants towards the cost of providing additional amenities in such houses.

After representations from this and other local authorities, the need to serve a notice of intention to make an Order applying the management code ceases to have effect. A useful provision is that giving power to local authorities to accept an undertaking from an owner not to occupy part of a house, or alternatively to make a Closing Order under Part II of the Housing Act, 1957, in respect of that part of the house, where this needs an alternative means of escape in case of fire and the provision of such escape would not be economical. It will now be possible to make a scheme for the registration of houses in multiple occupation with powers not only to require information, which applies to our own scheme made under the Act of 1961, but also to regulate occupancy and refuse registration. Prior approval of houses in multiple occupation is long overdue and the legal section is looking into this matter with a view to amendment of our existing scheme.

As more Council houses and flats have become available for families, over the past few years there has been a noticeable change in the occupancy of houses in multiple occupation. The waiting period for family accommodation has been reduced from twelve years to something like three years, and multi-occupied houses nowadays are consequently in the main providing accommodation for single persons such as students, building operatives, professional people, and the elderly.

The waiting period for flats for single persons is still in the region of three to fifteen years and for pensioners nine to fifteen years depending on 'choice'. For those who would accept bed-sitter accommodation the waiting period is less. Having these facts in mind the Council has agreed to consider applications for special grants under the 1969 Act from suitable owners who wish to provide additional amenities such as hot water supplies, sinks, baths, hand washing basins and waterclosets, in houses in multiple occupation which are used or intended to be used by single or elderly persons.

Enforcement action continued during the year, although restricted through pressure of other work, and details are set out in the appendix (page 136.).

Improvement Areas.—During the year, the City Council declared a further three Compulsory Improvement Areas (Darnall, Upperthorpe and Walkley) bringing the total number to ten, and revised schemes and estimates are being prepared where necessary. The power to declare Compulsory Improvement Areas is discontinued by the 1969 Act, which takes a new look at area improvement, emphasises the need for publicity and public participation in future proposals, and is intended to provide local authorities with a coherent and comprehensive code for the improvement of predominantly residential areas.

Experience of area improvement is limited and much remains to be learned about the comparative economic advantages of rehabilitation as opposed to renewal; the wider social effects of improving whole areas and the effects of improvement on values and on the patterns of demand. Selection of the correct area is of paramount importance and, together with the planning future and physical potential of any area, the attitude of the inhabitants and owners is a third governing factor which should be known before a general improvement area is selected; it is suggested that this may be determined by house to house visiting or by public meetings.

It is considered that suitable general improvement areas may be found within the proposed redevelopment areas. In the case of Darnall and Ellesmere/Grimesthorpe the preparation of master plans is in hand and consideration is being given to three other areas (Walkley/Crookesmoor, Heeley and Lansdowne/Highfields).

The Housing Committee has agreed that, whilst consideration is being given to the selection of general improvement areas, the Corporation should continue to take action in those areas already declared as Compulsory Improvement Areas under the provisions of the Housing Act, 1964.

Improvement Grants.—The Housing Act, 1969, introduced a number of changes in grants given to improve houses which are sub-standard but not unfit. The maximum amount of grant was increased from £155 to £200 for the standard grant and from £400 to £1,000 for the discretionary grant (now to be called an improvement grant). A more significant change perhaps, was the emphasis to be placed on the repair of houses improved, and an improvement grant may now include a contribution towards repairs. Some owner-occupiers and owners of tenanted property were quick to take advantage of financial help to repair their property and in some cases there was a move from the standard grant to the fuller improvement grant.

In all cases the new law has meant a careful inspection of houses for items of disrepair which should be remedied when the improvement work is carried out, and this is particularly so in tenanted properties, since these matters will be considered by the Rent Officer when fixing revised rents.

Applications continued to be made for both discretionary and standard grants and a table, showing the position up to the end of December, 1969, is shown below:—

No. of Enquiries	*Formal Applications received*	*Applications approved*	*No. of Grants paid*	*Amount of Grants paid*
Discretionary Grants				
5,345	1,053	993	846	£232,717
Standard Grants				
18,900	10,844	9,367	7,896	£897,907
24,245	11,897	10,360	8,742	£1,130,624

Rent Acts.—In the Ministry of Housing and Local Government White Paper "Old Houses into New Homes," April, 1968, it is estimated that a total of 4·5 million dwellings which are not unfit require either £125 or more to be spent on repairs, or lack one or more basic amenities, or both.

The Housing Act, 1969, indicates that the Government recognises that, if our existing stocks of houses in the private sector are to be properly maintained in a good state of repair, and prevented from deteriorating to such extent as to be 'unfit', owners must be assured of an economic rent.

To this end, the Act introduces a new system governing the rents of privately rented dwellings. It makes provision whereby, if a house satisfies the qualifying conditions or will satisfy those conditions when specified improvements and repairs listed by the owner are carried out, the dwelling changes from a 'controlled' to a 'regulated' tenancy. The qualifying conditions are:—

(*a*) The dwelling has all the standard amenities, i.e. bath, wash-hand basin, sink, hot and cold water to the bath, wash-hand basin and sink, and an internal water-closet, for the exclusive use of the occupants;

(*b*) That it is in good repair, having regard to its age, character and locality (disregarding internal decorative repair); and

(*c*) It is otherwise fit for human habitation.

The local authorities' main responsibility is to deal with applications for qualification certificates from owners, and representations against the issue of such certificates from the tenants. Each house which is the subject of an application is visited and inspected, having in mind the qualifying conditions and having due regard to the tenant's comments on matters of disrepair. On receipt of his certificate the owner can then apply to the Rent Officer for a 'fair rent' to be fixed. It should be noted that conversion from 'controlled' to 'regulated' tenancy for dwellings *already provided with the standard amenities* cannot take place until certain dates specified in 1971/72 depending on the rateable value. The main purpose of the Act, however, is to secure the improvement of dwellings not yet improved, so that the local authority and Rent Officer services will, in the first instance, concentrate their efforts on those privately owned properties which have not yet been provided with the standard amenities. The Act offers large inducements to owners of tenanted property by way of grants towards improvements and repairs together with the incentive of obtaining decontrolled tenancies and the fixing of 'fair rents', and one can only hope that these will have the desired effect. One wonders whether or not sufficient publicity has been given to this aspect of the Act. Up to the 31st December, 1969, 66 applications had been received where amenities had not been provided and 404 applications were received in respect of properties where the standard amenities were already provided.

CLEAN AIR

By J. W. Batey, D.P.A., C.Eng., M.I.Mar.E., F.R.S.H.,
Superintendent Smoke Inspector

"To stretch the octave 'twixt the dream and deed
Ah, that's the thrill"

Richard Le Gallienne (The Decadent to his Soul)

During the past year the No. 24 (Owlerton) Smoke Control Order was confirmed by the Minister of Housing and Local Government and became effective on 1st December, 1969. The No. 23 (Walkley) Order became effective on the 1st July and the No. 17 (Southey Green) and 21 (Firth Park) Orders were confirmed on the 3rd July and 6th October respectively. These last two Smoke Control Orders become effective in 1970.

This high level of activity in controlling domestic smoke pollution is reflected in the smoke measurements, given below, which continue their downward trend. The highest and lowest readings provide a marked contrast.

Micrammes of Smoke per Cubic Metre of Air
Lowest and Highest Monthly Readings for 1960 and 1969

	Smoke			
Site	*Lowest*	*Highest*	*Lowest*	*Highest*
	1960		1969	
Surrey Street	40	400	18	116
Park County School	90	520	27	209
Newhall Road County School	160	600	38	239
Ellesmere Road County School	110	630	29	274
Pye Bank County School ...	60	340	18	144
St. Stephen's C/E School ...	70	500	9	129
Milton Street Works	40	600	13	104
Sharrow Lane County School ...	90	600	12	93
*Manor Clinic	78	311	14	105
*Turton Platts, Wincobank ...	57	262	32	169
Totals	795	4,763	210	1,582

*These two gauges came into operation in March, 1963.

With the exception of Park County School which had a lowest summer figure of 18 in 1967, these 1969 results are the lowest summer figures ever recorded.

Similarly for sulphur dioxide, the contrast between the lowest and highest readings recorded for 1960 and 1969 is impressive and well illustrated in the following table:—

Micrammes of Sulphur Dioxide per Cubic Metre of Air
Lowest and Highest Monthly Readings for 1960 and 1969

	Sulphur Dioxide			
Site	*Lowest*	*Highest*	*Lowest*	*Highest*
	1960		1969	
Surrey Street	152	809	89	295
Park County School	116	455	87	357
Newhall Road County School ...	97	475	126	344
Ellesmere Road County School	74	246	121	276
Pye Bank County School ...	109	360	118	235
St. Stephen's C/E School ...	86	337	71	198
Milton Street Works	111	543	81	280
Sharrow Lane County School ...	60	283	56	179
*Manor Clinic	96	273	84	188
*Turton Platts, Wincobank ...	95	274	118	285
Totals	996	4,055	951	2,637

*These two gauges came into operation in March, 1963.

There has been a rise in the sulphur dioxide figures over the last 3 years, but even so, the average per gauge of 163 mg. is well below the figures experienced (267—292 mg.) in the pre-smoke-control period. The increasing use of natural gas by industry will have a favourable effect on these readings in the future since it contains no sulphur.

Full tables are included at the end of this report (see page 141) but the average smoke measurements highlight the dramatic improvement in air quality over the years.

Smoke, Microgrammes per cubic metre, for all Volumetric Gauges for 1959—1969

Year	*Smoke*	*No. of Gauges*	*Average per Gauge*
1959	2,550	8	318·7
1960	2,170	8	271·2
1961	1,760	8	220·0
1962	1,700	8	212·5
1963	1,472	8	184·0
1964	1,706	10	170·6
1965	1,323	10	132·3
1966	1,084	10	108·4
1967	944	10	94·4
1968	919	10	91·9
1969	788	10	78·8

Sulphur Determination by the Lead Peroxide Method at Three Stations for the five years 1965—1969

Year	*Milligrammes per 100 square centimetres per day*		
	Attercliffe	*Firth Park*	*Weston Park*
1965	3·8	2·5	2·0
1966	3·5	2·4	1·8
1967	3·3	2·2	1·7
1968	3·1	2·4	1·7
1969	3·3	2·1	1·8

Solid Matter Deposited at three Collecting Stations during the five years 1965—1969

Amount of Solid Matter (in milligrammes deposited per square metre)

Year	*Attercliffe*		*Firth Park*		*Fulwood*	
	Average Deposit Per Month	*Highest Monthly Deposit*	*Average Deposit Per Month*	*Highest Monthly Deposit*	*Average Deposit Per Month*	*Highest Monthly Deposit*
1965	263	374	166	258	163	360
1966	261	388	181	307	145	209
1967	233	297	156	249	149	257
1968	238	312	181	304	157	211
1969	259	355	173	274	155	299

Some Statistics for 1969

Number of chimneys observed	11,557
Number of minutes of smoke emitted	2,980
Average minutes of smoke emission per half hour	0·26
Number of abatement notices served	15
Number of complaints dealt with	205
Letters sent to firms regarding smoke emission	52
Number of prosecutions	5
Number of plans scrutinised	410

FOOD INSPECTION

By G. A. Knowles, F.R.S.H., F.A.P.H.I.,
Superintendent Food Inspector

"They gathered the good fish into vessels, but they threw away the bad"
Saint Matthew

This record of the work of the food inspection services illustrates the wide range of duties covered. It was possible to increase the number of samples taken for analysis under the Food and Drugs Act. 303,947 animals were slaughtered in the City for human consumption and all were inspected. The food inspectors made 9,904 inspections of food premises during the year. Complaints received about food purchased by the public numbered 242 and immediate attention was given to each one. The extension of self-service shop trading further emphasises the importance of correct stock rotation in food shops. Traders are strongly advised to institute their own system of date coding of prepacked foods and to ensure that food is offered for sale only within the shelf life of the product. Failure to observe these elementary precautions can result in the sale of mouldy and out of condition food with its inherent health risks.

The co-operation with universities and hospitals has continued with the supplies of calf blood, animal organs etc. These materials are essential for research in the health fields and are collected regularly from the abattoir by these bodies.

GENERAL FOOD INSPECTION

A total of 9,904 visits was made during the year to inspect food supplied at the wholesale fish, fruit and vegetable markets; wholesale, retail provision and food stores; cold stores, retail markets, butchers' shops, fish shops and to the one horseflesh shop in Sheffield. These resulted in 59 tons of food being condemned as unfit for human consumption by the food inspectors. Possession was taken of the unfit food voluntarily surrendered by the owners at the time of inspection, and it was taken to the Corporation Destructor at Penistone Road and destroyed by burning.

Visits made by the Food Inspectors

Visits to markets and wholesale food premises	5,317
Visits to retail food shops	1,999
Visits to horseflesh shop	53
Visits to butchers' shops	2,009
Visits to wet fish shops	526
Total Visits	9,904

A table giving the details of the food condemned in 1969 is on page 146 in the appendix.

SAMPLING FOR ANALYSIS

1,521 formal and informal samples of food and drugs were taken during the year of which 52 samples (3·4 per cent.) proved to be unsatisfactory. Of the total samples taken, 535 were milk, 927 general foods and 49 were drugs. Included in the milk samples were 42 which were examined for the presence of anti biotics, and gave satisfactory results. In addition to the milk samples submitted to the Public Analyst, 240 were examined for quality by the food and drugs inspectors.

Legal Proceedings.—Legal proceedings taken during the year for offences against the Food and Drugs Act resulted in penalties totalling £29/8/0 being imposed. These were two cases where pork sausage deficient in meat content had been sold.

In addition to the cases taken to prosecution, warnings were given in the cases detailed below:—

Food or Drug	*Offence*	*No. of Cases*
Milk	excess water content	4
,,	milk fat deficiency	1
Aspirin tablets	slight excess of free salicylic acid	1
Beefburgers	slight deficiency in meat content	3
,,	wrong description	1
Boneless chicken in jelly	slight deficiency in meat content	2
Butter	slight excess water content	3
,,	excess curd content	1
Cream	slight milk fat deficiency	3
Cream confectionery	misdescription	2
Cream cheese	slight milk fat deficiency	1
Fish cakes	fish content deficiency	2
Frankfurters	deficient meat content	2
Hamburgers	failure to declare preservative	1
Low calorie sweetener	incorrect labelling	1
,, ,, spaghetti	deficiency in Vitamin C content claimed for the product on the label	1
Mixed pickles	excess preservative content and failure to declare preservative	1
Non-brewed condiment	slight deficiency in acetic acid content	1
Pork sausage	slight meat content deficiency	5
Potted beef	excess water content	1
Polony	slight meat content deficiency	1
Rose hip syrup	deficiency in Vitamin C content	2
Salmon spread	slight deficiency in fish content	4
Tinted dragees	non-permitted colour	1
Stewed steak in gravy	slight meat content deficiency	2
Sultanas and currants	excess mineral hydrocarbon content	2

Where warnings were given, follow up samples were taken to ensure that the offence had been remedied. In the case of the unsatisfactory aspirin tablets these were surrendered by the owner and destroyed.

THE MILK SUPPLY

Sheffield's milk supply consists wholly of Designated Milk and is retailed exclusively in bottles and cartons. The types of milk sold are Pasteurised, Channel Island Pasteurised, Sterilised, Ultra Heat Treated and Untreated Milk. A small quantity of homogenised pasteurised milk is retailed by two dairies. The whole of the milk supplied to school children was pasteurised.

The estimated total daily consumption in the City for 1969 was 48,371 gallons. This is equivalent to a consumption of 0·73 pints per head of the population. The sale of heat treated milk was 47,980 gallons (99·19%). Of this amount pasteurised milk represented 45,839 gallons, including 2,293 gallons of Channel Island pasteurised milk, 1,891 gallons were sterilised milk and 250 gallons were Ultra Heat Treated milk. Untreated milk formerly known as Raw Tuberculin Tested milk, totalled 391 gallons (0·81%) of the total. The whole of this was farm bottled and came from farms in the City and in the adjoining area of the West Riding of Yorkshire.

The average quality of the milk consumed, as judged from the 493 samples of milk analysed during the year was 3·71% of milk fat, and 8·70% of milk solids other than milk fat. This is well above the minimum standard for genuine milk laid down by the Sale of Milk Regulations, 1939 viz:—of 3% of milk fat and 8·5% milk solids other than milk fat. The average quality of the 32 samples of Channel Island milk taken during the year was 4·55% of milk fat and 9·08% of milk solids other than milk fat. The standard for this milk is a minimum fat content of 4%. Control of the milk supply is achieved by daily testing samples obtained from the milk distributors as they are delivering to consumers in the City and from the milk bars and vending machines. Farm and tanker supplies of milk to the Sheffield dairies are also checked.

The inspectors made 53 visits to dairy premises to secure compliance with the Milk and Dairies Regulations and the Milk (Special Designation) Regulations. There were four licensed pasteurising dairies in operation in the City during the year. The milk in all cases was pasteurised by the "High Temperature Short Time" method. Pasteurised milk from one dairy outside the City was sold in Sheffield during the year. The sterilised milk sold in the City came from three milk sterilising dairies situated in areas outside Sheffield.

A small quantity of Ultra Heat Treated Milk from two dairies outside Sheffield, was sold in the City during the year.

340 samples of pasteurised milk were taken and submitted to bacteriological examination. All samples satisfied the phosphatase test which indicated that the milk had been efficiently pasteurised. The tests on 5 samples were declared void because of the prevailing high atmospheric temperatures. Three samples failed the methylene blue test which measures the keeping quality of the milk. These failures were isolated cases and immediate repeat samples proved satisfactory. All the 81 samples of sterilised milk satisfied the turbidity test and the tests on 5 samples of Ultra Heat Treated milk were also satisfactory. One sample of untreated milk satisfied the methylene blue test, while five samples of untreated milk examined for brucella abortus also gave negative results.

ICE CREAM

108 samples of ice cream and 12 samples of ice cream mix were submitted for bacteriological examination. Sixty-nine samples gave Grade I results, 20 were placed in Grade II, 11 in Grade III and 11 in Grade IV. Coliform bacilli were found in 75 of the samples. Nine samples were declared void because of high atmospheric temperature. Samples placed in Grades I and II are considered satisfactory. The manufacturers of the samples giving unsatisfactory results were notified and advised, and follow up samples were taken to ensure that the necessary improvement had been effected.

BACTERIOLOGICAL EXAMINATION OF OTHER FOODS

75 samples of cream were taken and examined bacteriologically to determine the keeping quality of the cream. The results were satisfactory.

MEAT INSPECTION BYELAWS

Local byelaws, which have operated since 1938, require that meat which does not bear a recognised inspection stamp, should be taken to the Corporation abattoir for inspection and approval before it is offered for sale in the City. All meat from slaughterhouses in England and Wales has now to be inspected and stamped (if passed fit for human consumption) at the producing slaughterhouse and the effect of our byelaw is diminishing, but there are still quantities of meat from Scotland which must be taken to the abattoir for examination because the meat is not stamped.

The food inspectors made 2,009 visits to butchers' shops and also examined the meat deposited in other food preparation premises to ensure that it had not escaped the proper inspection and was fit for sale.

Details of visits are shown on page 116.

MERCHANDISE MARKS ACT, 1926

The various orders under the above Act require imported apples, butter, tomatoes, meat, bacon and ham, dried fruit, eggs, oat products, poultry and cucumbers to be marked on exposure for sale with an indication of their origin. 642 visits were made to various food premises to enforce the provision of the Act.

PHARMACY AND POISONS ACT, 1933

Premises on Local Authority's list of persons entitled to sell poisons included in Part II of the Poisons List (December 31st, 1969)	393
Premises added to the list during the year	35
Number of routine visits and inspections during the year 1969	154

FERTILISER AND FEEDING STUFFS ACT, 1926

Thirteen samples of fertilisers and 6 samples of feeding stuffs were taken and submitted for analysis during the year. The analyses were all satisfactory with the exception of one sample of National Growmore Fertiliser which had an unsatisfactory statutory statement. The attention of the manufacturers was drawn to this matter.

FOOD HYGIENE

Particular attention is paid to any infraction of the Food Hygiene Regulations observed by the food inspectors whilst they are carrying out their normal duties at food premises. The Superintendent Food Inspector spoke to a variety of audiences during the year on food hygiene and associated matters. Requests are received every year for such lectures and talks from food trade organisations, food firms, community and religious organisations.

EXTRANEOUS MATTERS IN FOOD

Complaints from members of the public regarding the unsatisfactory condition of food, including extraneous matter in food, totalled 242 during the year. The foods implicated were many and varied and included meat and meat products (56 cases), bread and confectionery (70 cases), and milk (20 cases). All the complaints were investigated, and the complainants expressed themselves as satisfied with the action taken by the department.

MEAT INSPECTION

A total of 303,947 animals was slaughtered at the three slaughterhouses in the City during the year. All were inspected at the time of slaughter; 366 tons of meat and offal were condemned as unfit for human consumption and handed over to the Markets Department for conversion in the Abattoir digester plant into animal feeding meals, fats and fertilisers. The main statistics on meat inspection are contained in a combined table on page 147.

Cattle slaughtered in the City during the year:—

Bullocks	21,927
Heifers	7,727
Cows	22,089
Bulls	169
TOTAL	51,912

In addition 983 calves, 117,620 sheep, 1 goat, 133,364 pigs and 67 horses were slaughtered. All animals were humanely stunned before slaughter with the exception of 9,076 animals which were slaughtered by the permitted Mohammedan and Jewish religious methods. All the slaughtermen employed in the slaughter of animals must hold a slaughterman's licence which is only issued by the Local Authority to persons competent to carry out such work. Certification of new applicants and consent to renewal of existing licences is carried out by the Superintendent Food Inspector.

Private Slaughterhouses.—There were 67 horses slaughtered at the private horse slaughterhouse and 6 cwts. of meat and offal was condemned as unfit for human consumption.

At the other private slaughterhouse 319 oxen and 186 sheep were slaughtered and inspected. One case of localised Cysticercus Bovis infestation was found in a heifer.

There was no case of total condemnation but 19 cwts. of meat and offal were condemned and dealt with in the digester plant at the abattoir. Meat inspection duties at this slaughterhouse are carried out by the food inspectors.

Details of the animals slaughtered and inspected, and the quantities of meat and offal which were condemned as unfit for human consumption are to be found in the tables on pages 148-149. Of the 303,947 animals slaughtered and inspected during the year, 954 whole carcases were found to be in a diseased condition and were condemned. In a further 100,828 carcases, some part of the animal or organ was condemned.

Tuberculosis.—5 bovine animal carcases were suspected of being affected with tuberculosis and were reported to the Ministry of Agriculture, Fisheries and Food.

Cysticercus Bovis—308 animals were found to be infected during the year and of these 306 had localised infestation and were refrigerated for three weeks at a temperature of not more than 20°F. The remaining 2 cases (both bullocks) had a generalised infestation and were condemned.

The 308 cases representing 0·59 per cent. of all the cattle slaughtered was the largest number of infected animals discovered for many years and well above the national average. These figures relate only to carcases with viable cysts since cases with degenerated cysts are not classed as an active infestation and do not warrant description as C. Bovis. Great importance is attached, during the inspection procedure, to the full exploration of the masseter muscles in the head, the heart and diaphragm. Every case was confirmed by a senior inspector.

Types of cattle involved:—

Bullocks	153 (including 2 cases of generalised infestation)
Heifers	61
Cows	92
Bulls	2
TOTAL	308

Cysticercus Ovis.—Five carcases with offal, of sheep slaughtered in the abattoir were condemned because of generalised infestation.

Meat from outside sources.—Meat brought to the abattoir for inspection in compliance with the byelaws included 2 tons 18 cwts of beef. In addition 3 qrs. 7 lbs. of pork, 306 sheep carcases, 1 carcase of pork and 2 calf carcases were brought for sale in the wholesale market: a total weight of 7 cwts. 1 qr. of these importations was condemned.

Wholesale Meat Market.—This large market which is within the abattoir building is adjacent to the slaughterhalls and serves the whole of the City and many surrounding areas. Inspections of the produce offered for sale are carried out the whole of the time the market is in operation. The total weight of meat and poultry found to be unfit for human consumption and condemned was 14 tons 14 cwts.

Diseases of Animals Acts.—The Public Health Department is responsible for the discharge of the non-veterinary functions of the above Act within the City and many of these functions, in particular the issuing of Animal Movement licences and the supervision of the cleansing and disinfection of animal carrying trucks, are carried out by the meat inspection staff at the abattoir.

During the year the washing and disinfection of 1,862 vehicles was supervised. No further cases of foot and mouth disease occurred during the year, and it would appear that after the major outbreaks of 1967 and 1968 the infection has been eliminated.

GENERAL SUMMARY OF WORK OF FOOD INSPECTION SERVICE FOR THE YEAR 1969

Visits

Number of visits made by the food inspectors:—

To markets and food premises	7,316	
To butchers' shops	2,009	
To wet fish shops	526	
To horseflesh shop	53	
In connection with Merchandise Marks Act	642	
In connection with Milk and Dairies Regulations	53	
In connection with Pharmacy and Poisons Act	154	
	——	10,753

Total weight of unfit food condemned and destroyed:—

Tons	*Cwts.*	*Qrs.*	*Lbs.*
59	1	1	8

Sampling

Number of samples taken:—

Food and Drugs Act, 1955—for analysis by Public Analyst ...	1,521	
Milk samples informally examined by food and drugs inspectors	240	
Ice Cream—for bacteriological examination	120	
Food for bacteriological examination	75	
Fertilisers and Feeding Stuffs Act—for analysis by Public Analyst	19	
	——	1,975

Designated Milk Samples—for bacteriological examination:—

Pasteurised	340	
Sterilised	81	
Ultra Heat Treated	5	
Untreated	1	
Untreated—Brucella Abortus	5	
	——	432
		—— 2,407

Meat Inspection

Animals slaughtered and inspected:—

Cattle	51,912
Calves	983
Sheep	117,620
Goats	1
Pigs	133,364
Horses	67
TOTAL	303,947

Total weight of all meat and offal condemned as unfit for human consumption and processed in the abattoir digester plant:—

Tons	*Cwts.*	*Qrs.*	*Lbs.*
381	5	1	8

APPENDIX

VITAL STATISTICS

Population, Births and Deaths and Birth Rates and Death Rates in Sheffield and in England and Wales, in 1969, and previous years.

Year	*Population (Estimated)*	*SHEFFIELD*				*ENGLAND AND WALES*	
		Live Births		*Deaths*			
		Number of births	*Birth Rate per 1,000 population*	*Number of deaths*	*Death Rate per 1,000 population*	*Birth Rate per 1,000 population*	*Death Rate per 1,000 population*
1881 ...	... 284,508	10,814	38·0	5,909	20·7	33·9	18·9
1891 ...	... 325,547	11,862	36·4	7,775	23·9	31·4	20·2
1901 ...	... 410,151	12,766	33·0	7,891	20·4	28·5	16·9
1911 ...	... 455,817	12,623	27·7	7,335	16·1	24·4	14·6
1921 ...	... 519,239	11,907	23·8	6,284	12·5	22·4	12·1
1931 ...	... 517,300	7,777	15·0	5,839	11·3	15·8	12·3
1932 ...	... 513,000	7,393	14·4	5,976	11·6	15·3	12·0
1933 ...	... 511,820	7,178	14·0	6,117	12·0	14·4	12·3
1934 ...	... 520,950	7,530	14·5	5,886	11·4	14·8	11·8
1935 ...	... 520,500	7,676	14·7	6,193	11·9	14·7	11·7
1936 ...	... 518,200	7,884	15·2	6,334	12·2	14·8	12·1
1937 ...	... 518,200	7,962	15·4	6,492	12·5	14·9	12·4
1938 ...	... 520,000	8,144	15·7	5,906	11·4	15·1	11·6
1939 ...	... 522,000	8,192	15·7	6,201	12·0	15·0	12·1
1940 ...	... 496,700	7,702	15·5	7,538	15·2	15·2	14·4
1941 ...	... 483,320	7,477	15·5	6,583	13·6	14·9	13·5
1942 ...	... 479,400	7,958	16·6	5,697	11·9	15·8	12·3
1943 ...	... 474,100	8,613	18·2	6,215	13·1	16·5	13·0
1944 ...	... 474,180	10,072	21·2	5,905	12·5	17·6	12·7
1945 ...	... 476,360	8,629	18·1	5,968	12·5	17·8	12·6
1946 ...	... 500,400	10,073	20·1	6,167	12·3	19·1	12·0
1947 ...	... 508,370	10,522	20·7	6,260	12·3	20·6	12·0
1948 ...	... 514,400	9,107	17·7	5,797	11·3	17·9	10·8
1949 ...	... 513,700	8,087	15·7	6,431	12·5	16·7	11·7
1950 ...	... 515,000	7,370	14·3	5,883	11·4	15·8	11·6
1951 ...	... 510,000	7,233	14·2	6,633	13·0	15·5	12·5
1952 ...	... 510,900	7,005	13·7	5,937	11·6	15·3	11·3
1953 ...	... 507,600	7,055	13·9	6,041	11·9	15·5	11·4
1954 ...	... 503,400	6,867	13·6	5,821	11·6	15·2	11·3
1955 ...	... 501,100	6,756	13·5	5,934	11·8	15·0	11·7
1956 ...	... 499,000	7,040	14·1	5,852	11·7	15·7	11·7
1957 ...	... 498,500	7,519	15·1	5,785	11·6	16·1	11·5
1958 ...	... 498,800	7,656	15·3	5,865	11·8	16·4	11·7
1959 ...	... 499,400	7,709	15·4	5,860	11·7	16·5	11·6
1960 ...	... 499,610	7,829	15·7	5,810	11·6	17·1	11·5
1961 ...	... 494,650	8,157	16·5	6,477	13·1	17·4	12·0
1962 ...	... 495,240	8,612	17·4	6,282	12·7	18·0	11·9
1963 ...	... 495,290	8,396	17·0	6,256	12·6	18·2	12·2
1964 ...	... 490,930	8,400	17·1	6,015	12·3	18·4	11·3
1965 ...	... 488,950	8,505	17·4	5,929	12·1	17·4	12·1
1966 ...	... 486,490	8,291	17·0	6,170	12·7	17·7	11·7
1967 ...	... 534,100	8,876	17·0	5,968	11·4	17·2	11·2
1968 ...	... 531,800	8,874	16·7	6,669	12·5	16·9	11·9
1969 ...	... 528,860	8,465	16·0	6,666	12·6	16·3	11·9

Population at earlier dates:—14,105 in 1736; 45,755 in 1801; 53,231 in 1811; 65,275 in 1821; 91,692 in 1831; 111,091 in 1841; 135,310 in 1851; 186,375 in 1861; 241,506 in 1871.

The City was extended on 31st October, 1901; 1st April, 1912; 1st October, 1914; 9th November, 1921; 1st April, 1929; 1st April, 1934 and 1st April, 1967.

Deaths of Sheffield Residents in the year 1969
Classified according to Disease, Sex and Age-Periods

Cause of Death	*Sex*	*All Ages*	0—	1—	5—	15—	25—	45—	65—	75—
ALL CAUSES	M	3,492	89	10	10	31	135	1,042	1,092	1,083
	F	3,174	51	11	12	14	73	550	770	1,693
TOTALS		6,666	140	21	22	45	208	1,592	1,862	2,776
Enteritis and other diarrhoeal ...	M	9	6	2	—	—	1	—	—	—
diseases	F	5	4	1	—	—	—	—	—	—
Tuberculosis of Respiratory ...	M	12	—	—	—	—	2	5	3	2
system	F	1	—	—	—	—	—	1	—	—
Other Tuberculosis, including ...	M	3	—	—	—	—	—	3	—	—
late effects	F	2	—	—	—	—	—	1	1	—
Meningococcal infection	M	1	—	1	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—
Syphilis and its sequelae ...	M	2	—	—	—	—	—	1	1	—
	F	—	—	—	—	—	—	—	—	—
Other infective and parasitic ...	M	10	6	—	—	—	1	1	2	—
diseases	F	2	—	—	—	—	—	1	1	—
Malignant neoplasm, buccal ...	M	12	—	—	—	—	—	4	2	6
cavity, etc.	F	8	—	—	1	—	—	4	2	1
Malignant neoplasm, ...	M	7	—	—	—	—	—	4	1	2
oesophagus	F	11	—	—	—	—	—	2	1	8
Malignant neoplasm, stomach ...	M	82	—	—	—	—	2	25	32	23
	F	71	—	—	—	—	2	18	21	30
Malignant neoplasm, intestine ...	M	97	—	—	—	—	3	33	36	25
	F	90	—	—	—	—	3	24	22	41
Malignant neoplasm, larynx ...	M	5	—	—	—	—	—	1	3	1
	F	—	—	—	—	—	—	—	—	—
Malignant neoplasm, lung, ...	M	367	—	—	—	—	13	179	123	52
bronchus...	F	49	—	—	—	—	4	24	12	9
Malignant neoplasm, breast ...	M	2	—	—	—	—	—	1	1	—
	F	106	—	—	—	—	8	47	32	19
Malignant neoplasm, uterus ...	F	41	—	—	—	—	—	20	14	7
Malignant neoplasm, prostate ...	M	34	—	—	—	—	—	4	15	15
Leukaemia	M	14	—	—	1	—	3	5	3	2
	F	17	—	—	1	1	2	4	4	5
Other malignant neoplasms ...	M	144	—	—	—	—	12	48	49	35
	F	178	—	2	1	2	6	59	55	53
Benign and unspecified	M	6	—	—	—	—	—	3	1	2
neoplasms	F	5	—	—	—	—	—	1	—	4
Diabetes mellitus	M	9	—	—	—	—	—	3	1	5
...	F	38	—	—	—	1	1	10	11	15
Avitaminoses, etc.	M	1	—	—	—	—	—	—	1	—
	F	1	—	—	—	—	—	—	—	1
Other endocrine, etc. diseases ...	M	5	1	—	—	—	—	1	2	1
	F	13	1	1	1	—	—	1	3	6
Anaemias	M	2	—	—	—	—	—	—	2	—
	F	6	—	—	—	—	—	1	1	4
Other diseases of blood, etc. ...	M	—	—	—	—	—	—	—	—	—
	F	1	—	—	—	—	—	—	1	—
Mental disorders	M	6	—	—	—	—	1	—	1	4
	F	5	—	—	—	—	—	1	1	3
Meningitis	M	2	—	—	—	—	1	1	—	—
	F	1	—	—	—	—	1	—	—	—
Other diseases of nervous ...	M	43	2	1	2	2	—	19	8	9
system, etc.	F	40	2	1	2	—	3	8	9	15
Chronic rheumatic heart	M	48	—	—	—	—	3	26	8	11
disease	F	81	—	—	—	—	8	27	27	19
Hypertensive disease	M	39	—	—	—	—	2	13	10	14
	F	63	—	—	—	—	—	9	13	41
Ischaemic heart disease	M	973	—	—	—	—	33	346	336	258
	F	727	—	—	—	—	9	98	197	423
Other forms of heart disease ...	M	103	—	—	—	—	1	12	28	62
	F	141	—	—	—	1	1	10	23	106
Cerebrovascular disease	M	381	—	—	—	1	8	77	127	168
	F	509	1	—	—	1	1	50	117	339
Other diseases of circulatory ...	M	176	—	—	—	—	3	17	43	113
system	F	273	—	—	—	—	1	8	37	227
Influenza	M	23	—	—	—	—	3	7	11	2
	F	30	—	—	—	—	2	12	10	6
Pneumonia	M	157	6	—	—	3	4	24	52	68
	F	183	2	—	1	1	2	23	44	110
Bronchitis and emphysema ...	M	339	—	1	—	—	2	92	135	109
	F	116	—	—	1	—	1	24	42	48
Asthma	M	2	—	—	—	—	—	2	—	—
	F	2	—	—	—	—	1	1	—	—
Other diseases of respiratory ...	M	35	8	2	1	—	2	7	8	7
system	F	32	5	1	—	1	2	4	7	12
Peptic ulcer	M	25	—	—	—	—	1	15	5	4
	F	20	—	—	—	—	—	1	4	15
Appendicitis	M	2	—	—	1	—	—	—	—	1
	F	3	—	—	—	—	—	1	—	2
Intestinal obstruction and ...	M	12	3	—	—	—	—	1	4	4
hernia	F	19	2	—	—	—	—	2	3	12
Cirrhosis of liver	M	5	—	—	—	—	1	3	—	—
	F	5	—	—	—	—	—	1	2	2

Cause of Depth	*Sex*	*All Ages*	0—	1—	5—	15—	25—	45—	65—	75—
Other diseases of digestive ...	M	23	—	—	—	—	—	7	5	11
system	F	43	1	—	—	2	1	8	11	20
Nephritis and nephrosis	M	18	—	—	—	—	4	7	3	4
	F	11	—	—	—	—	—	2	5	4
Hyperplasia of prostate	M	15	—	—	—	—	—	1	5	9
Other diseases, genito-	M	28	1	—	—	—	1	3	5	18
urinary system	F	34	—	—	—	—	2	5	12	15
Other complications of pregnancy, etc.	F	1	—	—	—	—	1	—	—	—
Diseases of skin, subcutaneous ...	M	1	—	—	—	—	—	—	—	1
tissue	F	1	—	—	—	—	—	—	—	1
Diseases of musculo-skeletal ...	M	7	—	—	—	—	—	3	3	1
system	F	18	—	—	—	—	1	5	2	9
Congenital anomalies	M	25	15	1	1	2	2	3	—	1
	F	23	10	4	3	—	2	1	1	2
Birth injury, difficult labour, etc.	M	25	25	—	—	—	—	—	—	—
	F	10	10	—	—	—	—	—	—	—
Other causes of perinatal ...	M	14	14	—	—	—	—	—	—	—
mortality...	F	13	13	—	—	—	—	—	—	—
Symptoms and ill defined ...	M	8	2	1	—	—	—	—	—	5
conditions	F	8	—	—	—	—	—	—	—	8
Motor vehicles accidents ...	M	44	—	1	1	15	8	5	6	8
	F	16	—	1	—	1	1	8	2	3
All other accidents	M	46	—	—	1	5	9	7	9	15
	F	67	—	—	1	—	—	5	14	47
Suicide and self-inflicted ...	M	26	—	—	—	2	7	13	—	4
injuries	F	26	—	—	—	2	5	12	6	1
All other causes	M	17	—	—	2	1	1	10	2	1
	F	8	—	—	—	1	1	6	—	—

PERSONAL HEALTH SERVICES

Care of Mothers and Young Children

Register of Congenital Abnormalities.—The following cases have been added of babies born in 1969. Stillbirths are included so as to give a more complete picture of the incidence of congenital malformations.

Abnormality		*Total*
Alimentary Tract		15
Atresias	3	
Hare lip and cleft palate	5	
Hare lip alone	4	
Cleft palate alone	3	
Bone and Joint		86
Congenital dislocation of hips —definite	17	
—still queried	4	
Talipes —structural	22	
—postural	19	
Supernumerary digits	12	
Syndactyly	4	
Reduction deformities limbs	2	
Multiple bony deformities	4	
Miscellaneous	2	
Genito Urinary		32
Renal agenesis	1	
Ectopic testis	2	
Multiple urinary tract abnormalities	1	
Varieties of hypospadias	23	
Miscellaneous minor	5	
Heart		34
Septal defects	9	
Patent ductus	3	
Coarctation aorta	1	
Tricuspid atresia	1	
Transposition vessels	4	
Multiple defects	3	
Definite defect, as yet unspecified	3	
Under observation	10	
Special and Multiple Syndromes		38
Mongolism alone	11	
—with other defects	3	
17/18 Trisomy	1	
13/15 Trisomy	1	
Multiple deformities	8	
Metabolic disorders	3	
Rubella syndrome	1	
Achondroplasia	2	
1st Arch syndrome	1	
Pierre Robin syndrome	2	
Ehler-Danlor syndrome	1	
Neurofibromatosis	1	
Possible chromosomal abnormality	3	
Central Nervous System		58
Spina bifida cystica	21	
Teratoma cord	1	
Hydrocephalus alone—definite	2	
—queried	3	
Sacral sinus	11	
Anencephalus	14	
Microcephalus	3	
Epilepsy	3	

Abnormality		*Total*
Miscellaneous		37
Naevi and moles	13	
Accessory auricles	8	
Small or low-set ears	4	
Exomphalos	2	
Diaphragmatic hernia	2	
Fibroma abdominal wall	1	
Congenital cataracts	2	
Minor	5	
All Conditions		300

'At Risk' Register.—The following cases have been added of children born in 1969; these are in addition to any named on the register of congenital abnormalities:—

Family History		14
Deafness	3	
Metabolic disorders	1	
Blood disorders	4	
Miscellaneous	6	
Prenatal		90
Maternal diabetes	13	
Maternal thyroid disorders	3	
Maternal epilepsy	3	
Maternal positive W.R.	7	
Miscellaneous maternal conditions	13	
Blood incompatibility:		
Rhesus factor—severely affected	23	
—mildly affected	17	
ABO factor —severely affected	2	
—mildly affected	9	
Perinatal		418
Premature babies of 4lbs. 6ozs. (1·984 kgms) and under (excluding 38 in other categories)	119	
Dysmature babies	37	
Severe difficulties in delivery and resuscitation	143	
Severe degree of jaundice (excluding blood incompatibilities)	48	
Twins 5lbs. 8ozs. (2·495kgms) and under	71	
Postnatal		15
Infection	10	
Miscellaneous	5	
TOTAL		537

Midwifery

Hospital Discharges Visited by the Domiciliary Midwives during 1969

No. of Days	*1st day*	*2nd day*	*3rd day*	*4th day*	*5th day*	*6th day*	*7th day*	*8th day plus*
Northern General Hospital Emergency cases previously transferred from the district	2	55	19	6	2	—	—	—
Booked for early discharge for reason of medical or obstetrical abnormality ...	—	435	68	17	8	—	—	—
Unplanned discharges (e.g. by own discharge, stillbirth, neonatal death, or due to bed shortage)	2	58	41	25	46	200	1,178	87
Jessop Hospital Emergency cases previously transferred from the district	2	103	19	9	—	—	—	—
Booked for early discharge for reason of medical or obstetrical abnormality ...	—	329	49	15	6	—	—	—
Unplanned discharges (e.g. by own discharge, stillbirth, neonatal death, or due to bed shortage)	1	42	24	31	37	543	97	45
Nether Edge Hospital Emergency cases previously transferred from the district	—	13	15	1	2	—	—	—
Booked for early discharge for reason of medical or obstetrical abnormality ...	—	23	15	1	—	—	—	—
Unplanned discharges (e.g. by own discharge, stillbirth, neonatal death, or due to bed shortage)	2	10	19	34	59	411	519	300
Miscellaneous unplanned discharges (e.g. by own discharge, stillbirth, neonatal death, or due to bed shortage)	—	3	2	4	1	2	7	88
TOTALS	9	1,071	271	143	161	1,156	1,801	520

Health Visiting

Summary of Visits of Health Visitors during the year 1969

		Number of Visits
Infants born in 1969—first visits	9,110	
—subsequent visits	11,912	
		21,022
Infants born between 1964—1968		39,025
Scabies		541
Whooping cough		43
Measles		147
Scarlet fever		213
Diphtheria		1
Meningitis		48
Leprosy		2
Venereal disease		535
Other infectious diseases		91
Ex-hospital cases *re* after-care		1,176
Expectant mothers—first visits	1,305	
—subsequent visits	658	
		1,963
Postnatal cases		8,163
Tuberculosis—pulmonary	1,250	
—non-pulmonary	128	
		1,378
Tuberculosis contacts		296
Follow-up of positive reactors		145
B.C.G.		265
Persons aged 65 or over		13,229
Chiropody applicants		815
Meals on Wheels applicants		716
Immunisation and vaccination visits		246
Mentally disordered persons		547
Phenylketonuria tests		7,080
Hearing tests		2,835
Congenital abnormalities		12
Nursing homes		29
Child-minders		648
Mother and baby homes		23
Day nurseries		72
Vision tests		77
Hospital medical social workers		218
Chest clinic		74
Medical practitioners		629
Investigation of infant deaths		69
Investigation of stillbirths		97
Home conditions		197
Handicapped persons		1,857
Problem families		1,861
Accidents in the home		93
Care of immigrant mothers and children		903
Problem family survey		8
Domiciliary visits with geriatrician		182
Visits in connection with day nursery applications and reports		96
Other reasons		1,072
TOTAL		108,739

In addition, the health visitors made 5,474 attendances at clinic sessions, 451 attendances at hospital sessions and paid 15,010 ineffectual visits during the year.

Premature Babies born alive to Sheffield Residents during the year 1969

	3lbs. 4ozs. or less	Over 3lbs. 4ozs. to 4lbs. 6ozs.	Over 4lbs. 6ozs. to 4lbs. 15ozs.	Over 4lbs. 15ozs. to 5lbs. 8ozs.	Not weighed	Total
Born at home	1	4	12	25	1	43
Born in hospital or nursing home	48	104	136	236	8	532
Grand total—premature babies	49	108	148	261	9	575
Died in first 24 hours						
Born at home	1	—	—	—	1	2
Born in hospital or nursing home ...	21	9	4	2	5	41
	22	9	4	2	6	43
Died on 2nd to 7th day						
Born at home	—	—	—	—	—	—
Born in hospital or nursing home ...	5	4	3	—	—	12
	5	4	3	—	—	12
Died on 8th to 28th day						
Born at home	—	—	—	—	—	—
Born in hospital or nursing home ...	1	—	—	—	—	1
	1	—	—	—	—	1
Total who died during first 28 days						
Born at home	1	—	—	—	1	2
Born in hospital or nursing home ...	27	13	7	2	5	54
	28	13	7	2	6	56
Total who survived 28 days						
Born at home	—	4	12	25	—	41
Born in hospital or nursing home ...	21	91	129	234	3	478
	21	95	141	259	3	519
Percentage of those born at home who died during the first 28 days... ...	100	—	—	—	100	4·65
Percentage of those born in hospital or nursing home who died during the first 28 days	56·25	12·5	5·15	0·85	62·5	10·15
Percentage of all premature babies who died during the first 28 days... ...	57·14	12·04	4·73	0·77	66·67	9·74

Total live births to Sheffield residents notified during 1969
8,561

Number of Premature Births
575

Percentage of Premature Births to Total Live Births
6·72

Total stillbirths to Sheffield residents notified during 1969
101

Number of Premature Births
575

Percentage of Total Stillbirths to Premature Births
17·57

49 (0·57) of all live births weighed 3lbs. 4ozs. or less

108 (1·26) of all live births weighed over 3lbs. 4ozs. up to and including 4lbs. 6ozs.

148 (1·73) of all live births weighed over 4lbs. 6ozs. up to and including 4lbs. 15ozs.

261 (3·05) of all live births weighed over 4lbs. 15ozs. up to and including 5lbs. 8ozs.

Vaccination and Immunisation

Smallpox Vaccinations.—Number of persons vaccinated:—

PRIMARY VACCINATIONS

Year	*Under 1 year*	*1—4 years*	*5—14 years*	*15 years and over*	*Total*
1965	132	3,294	90	238	3,754
1966	133	3,762	189	332	4,416
1967	114	4,144	139	417	4,814
1968	105	4,100	153	516	4,874
1969	70	3,098	156	483	3,807

RE-VACCINATIONS

1965	—	35	85	641	761
1966	—	35	236	843	1,114
1967	—	53	166	1,058	1,257
1968	—	35	166	1,647	1,848
1969	—	55	794	1,714	2,563

The primary vaccinations and re-vaccinations during 1969 were carried out as follows:—

	Primary Vaccinations	*Re-vaccinations*
By general practitioners	1,745	1,928
At maternity and child welfare centres	2,052	41
At school health centres...	—	547
At hospitals	—	—
At occupational health service	10	47
TOTALS	3,807	2,563

Diphtheria Immunisation.—Number of persons *fully* immunised:—

Year	*Under 1 year*	*1—4 years*	*5—14 years*	*15 years and over*	*Total*
1965	3,444	3,341	383	1	7,169
1966	3,321	3,435	596	1	7,353
1967	3,819	3,514	504	2	7,839
1968	3,298	3,806	370	5	7,479
1969	607	3,187	356	10	4,160

Poliomyelitis Immunisation.—Number of persons who received *completed* courses of oral (Sabin) poliomyelitis vaccine:—

Age Group	1969	1968	1967
0—4	3,686	7,281	7,403
5—14	157	479	1,364
15 and over ...	296	75	55
		Re-inforcing Doses	
Doses	8,851	5,979	18,513

Total number of persons who have received poliomyelitis vaccine since 1956:—

Primary course	277,839
Re-inforcing doses	256,643

Tuberculosis Control

Notification by Age and Sex

(Immigrants are shown in brackets)

Age	Males			Females			Males and Females		
	Pulmonary	*Other Forms*	*All Forms*	*Pulmonary*	*Other Forms*	*All Forms*	*Pulmonary*	*Other Forms*	*All Forms*
Under 1	1	—	1	—	—	—	1	—	1
1— 2	—	—	—	—	—	—	—	—	—
2— 4	—	—	—	—	—	—	—	—	—
5— 9	1 (1)	—	1 (1)	—	1 (1)	1 (1)	1 (1)	1 (1)	2 (2)
10—14	3 (1)	1	4 (1)	—	—	—	3 (1)	1	4 (1)
15—19	6 (2)	5 (3)	11 (5)	1	—	1	7 (2)	5 (3)	12 (5)
20—24	1 (1)	1	2 (1)	6 (1)	2 (1)	8 (2)	7 (2)	3 (1)	10 (3)
25—34	8 (4)	4 (3)	12 (7)	2	4 (3)	6 (3)	10 (4)	8 (6)	18 (10)
35—44	14 (7)	3 (3)	17 (10)	6 (1)	2 (1)	8 (2)	20 (8)	5 (4)	25 (12)
45—54	14 (2)	2	16 (2)	8	—	8	22 (2)	2	24 (2)
55—64	20 (1)	2	22 (1)	2	1 (1)	3 (1)	22 (1)	3 (1)	25 (2)
65—74	17	—	17	2	2	4	19	2	21
75+...	3	2	5	1	—	1	4	2	6
Totals ...	88 (19)	20 (9)	108 (28)	28 (2)	12 (7)	40 (9)	116 (21)	32 (16)	148 (37)

Notifications in Immigrants

Country of Origin	*Pulmonary*	*Other Forms*	*All Forms*
Commonwealth Countries			
Indian	2	—	2
Pakistan	15	11	26
Non-Commonwealth			
European	2	—	2
Others	2	5	7
Totals	21	16	37

Follow up on Contacts of Positive Reactors:—

X-Ray of older contacts

Had recent chest X-ray	3
Had B.C.G. at school	1
Number X-rayed	112
Already under supervision	1

Results of X-ray examination

No abnormality found	108
Signs of past tuberculosis now healed	1
To be recalled for further X-ray	3

Tuberculin tests of younger siblings

Number tested	194
Already had B.C.G.	6
Negative reactors	171
Number vaccinated	34
Positive reactors:—	
—normal X-ray	22
—healed tuberculous lesion	1
—positive reactor rate	12%

Younger siblings given B.C.G. (0—5 years)

Chest clinic	925
Jessop Hospital	118
Children's Hospital	4

Home Help and Home Warden Service

Cases Where Home Help was Provided

(*a*)	Number receiving assistance at 1/1/69	4,032
(*b*)	Number of new cases during 1969	2,130
(*c*)	Number ceasing to require assistance during 1969	1,857
(*d*)	Number receiving assistance at 31/12/69	4,305

Types of Cases

	Group	*No. of Cases* Old	New	*Help given in Hours* Daily Service	Evening Service	Night Service
(*a*)	Maternity	10	215	8,997	—	—
(*b*)	Old Age	3,712	1,653	761,059	2	—
(*c*)	Long Term Illness... ...	226	98	46,192	—	—
(*d*)	Short Term Illness ...	56	129	8,657	—	—
(*e*)	Care of Children	7	17	3,304	—	—
(*f*)	Tuberculosis	21	15	3,811	—	—
(*g*)	Problem Families	—	3	73	—	—
	Totals	4,032	2,130	832,093	2	—

Home Helps

		No. of Hours
(*a*)	Travelling	4,113 hrs. 57 mins.
(*b*)	Training and Meetings	5,169 hrs. 15 mins.
(*c*)	Washing at Training Centre	2,360 hrs.
(*d*)	X-rays	9 hrs. 30 mins.

Visits by Home Help Organisers

(*a*)	New Enquiries:	(i) Maternity	270
		(ii) Others	2,603
(*b*)	Existing Cases		7,726
(*c*)	Helps seen at work		8,999
(*d*)	Helps seen at Home		1,510
(*e*)	Miscellaneous		934
	Total		22,042
	Ineffective		1,336

Home Helps

		Full-time	*Part-time*	*Total*
(*a*)	Number of staff at 1/1/69	77	550	627
(*b*)	Number commenced duty during 1969	53	403	456
(*c*)	Number left service during 1969 ...	49	253	302
(*d*)	Number of staff at 31/12/69	81	700	781
(*e*)	Equivalent days (period of 8 hours) absence due to:			
	(i) Sickness	2,166	8,256	10,422
	(ii) Leave	894	3,961	4,855

Home Wardens

(*a*)	Number employed at 31/12/69	42 plus 1 P.T. Warden
(*b*)	Cases visited that received home help service ...	1,042
(*c*)	Cases visited that do not receive home help service ...	109

Home Warden Service

Report for the year of 1969

1. Number of Wardens employed at 31/12/69 42
   Number of cases visited where home help available 1,042
   Number of cases visited where home help not available 109

2. Number of patients supervised in each area and calls made are shown below:—

Area	*Patients Supervised*	*Patients Bedfast*	*Morning Calls*	*Afternoon Calls*	*Evening Calls*	*Weekend Calls*	*Total Calls*
Greenhill	78	9	6,857	66	2,517	3,087	12,527
Newfield Green	210	27	10,835	287	3,500	4,172	18,794
Manor	328	33	23,591	206	9,736	11,007	44,540
Firth Park	195	18	21,756	76	7,687	9,038	38,557
Walkley	213	49	17,017	197	7,223	7,658	32,095
TOTALS	1,024	136	80,056	832	30,663	34,962	146,513

3. Duties carried out by the wardens were as follows:—

Area	*Fire Making*	*Bed Making*	*Preparation of Meals*	*Mending*	*Laundry*	*Carrying in coal*	*Shopping*	*Doctor's Calls*
Greenhill	2,174	3,018	3,176	116	452	2,628	3,389	33
Newfield Green	3,252	6,066	6,247	73	1,206	3,363	5,706	42
Manor	9,266	10,430	11,324	453	2,105	11,268	9,772	72
Firth Park	7,980	7,562	8,462	880	6,722	10,202	11,372	45
Walkley	3,659	8,764	11,567	375	2,156	5,313	9,957	55
TOTALS	26,331	35,840	40,776	1,897	12,641	32,774	40,196	247

Welfare of Blind and Partially-Sighted

Classification of Registered Blind Persons by Age Groups

Age Group	*Total Register (Age at Dec. 31st, 1969)*			*New Cases Registered during 1969 (Age at Registration)*		
	M.	*F.*	*Total*	*M.*	*F.*	*Total*
0	—	—	—	—	—	—
1	—	1	1	—	1	1
2	—	1	1	—	—	—
3	—	—	—	—	1	1
4	1	1	2	—	—	—
5—10 ...	6	7	13	1	—	1
11—15 ...	7	5	12	—	—	—
16—20 ...	5	7	12	—	—	—
21—29 ...	17	14	31	1	1	2
30—39 ...	24	15	39	2	2	4
40—49 ...	33	24	57	3	2	5
50—59 ...	58	56	114	2	6	8
60—64 ...	40	43	83	1	2	3
65—69 ...	55	59	114	6	8	14
70—79 ...	110	171	281	24	33	57
80—84 ...	39	97	136	6	24	30
85—89 ...	28	105	133	4	21	25
90 and over ...	17	48	65	3	5	8
Unknown ...	—	1	1	—	—	—
TOTALS	440	655	1,095	53	106	159

Ages at which Blindness Occurred

Age Group	*Total Registered*			*New Cases Registered during 1969*		
	M.	*F.*	*Total*	*M.*	*F.*	*Total*
0	35	49	84	—	2	2
1	5	10	15	—	—	—
2	3	2	5	—	—	—
3	2	2	4	—	—	—
4	4	4	8	—	—	—
5—10 ...	15	19	34	1	—	1
11—15 ...	9	11	20	—	—	—
16—20 ...	17	7	24	—	—	—
21—29 ...	26	14	40	1	2	3
30—39 ...	31	30	61	2	2	4
40—49 ...	43	32	75	3	3	6
50—59 ...	52	70	122	2	9	11
60—64 ...	26	33	59	2	4	6
65—69 ...	39	69	108	10	11	21
70—79 ...	66	151	217	20	31	51
80—84 ...	28	82	110	8	21	29
85—89 ...	10	32	42	2	17	19
90 and over ...	3	7	10	2	4	6
Unknown ...	26	31	57	—	—	—
TOTALS	440	655	1,095	53	106	159

Blind Persons Age 16 and Upwards not Living at Home

	M.	*F.*	*Total*
Residential accommodation provided under Part III of the 1948 Act, Section 21:			
(*a*) Homes for the blind	8	15	23
(*b*) Other homes	13	19	32
Other residential homes	—	3	3
Hospitals for mentally ill	6	11	17
Hospitals for mentally subnormal	3	1	4
Other hospitals	8	21	29
Totals	38	70	108

Table Showing Age Groups of Blind Persons on Sheffield Register

	0	1	2	3	4	5-10	11-15	16-20	21-29	30-39	40-49	50-59	60-64	65-69	70-79	80-84	85-89	90 & *over*	*Un-known*	*Total*
1959	—	—	2	2	5	17	15	8	25	46	84	108	78	87	238	157	88	18	3	981
1960	—	—	1	1	2	19	14	7	24	43	81	117	76	81	230	159	93	29	4	981
1961	—	1	3	1	1	19	15	8	23	40	76	112	77	91	227	149	98	31	3	975
1962	—	—	1	2	1	15	17	12	22	41	69	113	70	98	233	139	103	33	3	972
1963	—	1	1	2	2	17	16	11	25	28	78	112	79	91	248	134	101	32	3	981
1964	—	1	2	2	2	17	12	15	22	32	72	105	93	90	245	137	120	45	3	1,015
1965	—	—	1	2	3	14	16	14	19	29	67	116	87	93	246	124	121	48	2	1,002
1966	—	—	—	1	2	17	13	15	19	30	59	111	94	89	252	130	122	42	1	997
1967	—	—	1	—	1	17	13	16	28	27	59	123	95	101	283	136	115	52	1	1,068
1968	—	1	—	1	—	14	14	15	27	35	63	116	94	105	267	140	114	52	1	1,059
1969	—	1	1	—	2	13	12	12	31	39	57	114	83	114	281	136	133	65	1	1,095

Distribution of Local Blind Persons

Children, age under 16

		M.	*F.*	*Total*	*M.*	*F.*	*Total*
Under 2 ...	At home ...	—	1	1			
					—	1	1
Age 2—4 ...	*Educable:*—						
	In residential home	1	—	1			
	At home ...	—	2	—			
					1	2	3
Age 5—15...	*Educable:*—						
	Attending School	6	6	12			
	Unsuitable for school:—						
	In hospital for mentally subnormal	3	1	4			
	At home ...	4	5	9			
					13	12	25
					14	15	29

Education, Training and Employment

Age periods 16 years and upwards

	M.	*F.*	*Total*	*M.*	*F.*	*Total*
Educable—At school: 16—20	—	2	2			
				—	2	2
Employed						
(*a*) *In workshops for the blind*						
16—20	—	—	—			
21—39	5	—	5			
40—49	8	1	9			
50—59	14	4	18			
60—64	7	—	7			
65 and over	1	—	1			
				35	5	40
(*b*) As Approved Home Workers						
60—64	1	—	1			
				1	—	1
(*c*) All others						
16—20	—	—	—			
21—39	14	4	18			
40—49	10	3	13			
50—59	14	3	17			
60—64	3	—	3			
65 and over	4	—	4			
				45	10	55
				81	15	96
Undergoing Training						
(*a*) For sheltered employment	1	—	1			
(*b*) For open employment	—	—	—			
(*c*) Professional	4	—	4			
				5	—	5
Not employed				340	623	963
Totals				426	640	1,066

Register of Partially-Sighted Persons

Age Group	0—1		2—4		5—15		16—20		21—49		50—64		65 *and over*		*All ages*		*Total both sexes*
Year	*M*	*F*	*M*	*F*	*M*	*F*	*M*	*F*	*M*	*F*	*M*	*F*	*M*	*F*	*M*	*F*	
1958	—	—	—	1	13	16	5	7	9	6	7	9	50	86	84	125	209
1959	—	—	1	2	13	14	7	7	8	7	9	11	48	78	86	119	205
1960	—	—	1	2	12	12	8	8	6	7	10	11	41	68	78	108	186
1961	—	—	1	1	11	9	7	8	8	6	11	10	37	64	75	98	173
1962	—	—	—	—	11	10	7	7	9	8	11	9	37	80	75	114	189
1963	—	—	—	1	15	10	4	5	13	10	13	8	35	97	80	131	211
1964	—	—	—	1	11	8	6	5	13	13	15	11	40	107	85	145	230
1965	—	—	1	2	13	7	4	6	18	16	13	17	41	123	90	171	261
1966	—	—	—	2	13	8	5	5	17	16	18	19	54	149	107	199	306
1967	—	—	1	1	13	5	9	8	19	20	19	20	62	183	123	237	360
1968	—	—	—	1	15	6	10	6	23	25	22	17	74	198	144	253	397
1969	—	—	—	—	16	7	7	6	31	28	21	20	72	215	147	276	423

Welfare of Handicapped Persons (General Classes)

REGISTRATION: The number on the register is 3,402

Classification of disability is as follows:—

Amputation of limb	144
Arthritis and muscular rheumatism (including fibrositis)	1,122
Congenital malformation and skeletal deformities	171
Diabetes	32
Diseases of the digestive system	60
Diseases of the genito-urinary system	16
Diseases of the heart and circulatory system	414
Diseases of the respiratory system	147
Epilepsy	107
Injury and diseases of bones and joints	308
Mental subnormality	12
Muscular dystrophy	19
Neoplasm	20
Organic nervous diseases	531
Psychoses, psychoneurosis	63
Poliomyelitis	87
Tuberculosis—respiratory	39
Tuberculosis—spine, bones, joints, etc.	26
Miscellaneous	84
TOTAL	3,402

AGE GROUPS (General Classes)

	Under 16 years	16—29 *years*	30—49 *years*	50—64 *years*	65 *and over*	*Totals*
Males	42	97	219	417	559	1,334
Females	19	83	165	452	1,349	2,068
TOTALS	51	180	384	869	2,908	3,402

The employment or occupation of persons on the register was as follows:

(i) Employed in open industry	100
(ii) At Remploy or sheltered workshop	12
(iii) Employed at home	4
(iv) Not employed but capable of and available for:—	
(*a*) Open employment	138
(*b*) Sheltered employment	123
(*c*) Handicrafts	375
(v) Incapable of or not available for work	2,590
(vi) Children of school age	29
(vii) Children under school age	31
TOTAL	3,402

ENVIRONMENTAL SERVICES

General Public Health Inspection

Summary of Complaints, Enquiries and Correspondence Received by the Public Health Inspectors

Daily Portfolio	1969
Complaints and enquiries in person or by telephone	11,496
Correspondence—including Ministry, inter-departmental and general ...	25,482
Total	36,978

Complaints and Enquiries	
Drainage defects	1,953
Housing defects	3,701
Watercloset defects	670
Insects infesting houses	911
Requests for inspector to call	5,273
Overcrowding cases and requests for priority rehousing	2,190

Other Correspondence	
Town Clerk's Department—property enquiries	7,512
Offices, Shops and Railway Premises Act, 1963	839
Rent Act, 1968	
Applications for Certificates of Disrepair	1
(Certificates issued)	(1)
Applications for Cancellation of Certificates	—
(Certificates cancelled)	—
Miscellaneous (includes correspondence from property owners, agents, builders, other Corporation Departments; applications for licences for the sale of milk, ice cream, pet animals, etc.)	13,929
Total	36,978

Summary of Work done by the Public Health Inspectors during the year, 1969

1.	Nuisances	
(*a*)	**Dwellinghouses (not condemned)**	
	Found affected	7,143
	Initial visits	7,362
	Re-inspections	5,989
	Where nuisance abated	2,699
(*b*)	**Dwellinghouses (condemned)**	
	Found affected	65
	Initial visits	68
	Re-inspections	146
	Where nuisance abated	27
(*c*)	**Other Premises**	
	Found affected	227
	Initial visits	286
	Re-inspections	218
	Where nuisance abated	110
(*d*)	**Notices Served**	
	Informal	3,577
	Statutory	1,189
2.	Interviews with Owners or Representatives	1,733

3.	DRAINAGE AND BUILDING WORK	
(*a*)	Inspections	10,989
(*b*)	Smoke tests applied	301
(*c*)	Water tests applied	467
(*d*)	Colour tests applied	1,289
4.	HOUSING	
(*a*)	Initial inspections	438
(*b*)	Additional inspections	1,975
(*c*)	Discretionary and Standard Grants—visits	7,759
(*d*)	Overcrowding—visits	71
(*e*)	Certificates of Disrepair—visits	8
(*f*)	Applications for loans on mortgage—visits	632
(*g*)	Houses in multiple occupation—visits	2,156
(*h*)	Common lodging houses—visits	22
(*i*)	Suspected infestation—visits to:—	
	(i) Private houses	6,288
	(ii) Corporation houses	1,436
	(iii) Other premises	153
5.	FOOD PREMISES—visits to:—	
(*a*)	Dairies	33
(*b*)	Milk distributors	118
(*c*)	Ice cream manufacturers	85
(*d*)	Ice cream retailers	75
(*e*)	Fried fish shops	264
(*f*)	Bakehouses	101
(*g*)	Other food preparation premises	680
(*h*)	Food saleshops	2,320
(*i*)	Licensed premises and clubs	256
6.	FOOD POISONING	
(*a*)	Visits	662
(*b*)	Food specimens taken	16
7.	OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963	
(*a*)	Visits (including those by technical assistants)	7,584
(*b*)	General inspections (including those by technical assistants)	2,916
8.	INFECTIOUS DISEASES—visits	3,211
9.	OFFENSIVE TRADES—visits	23
10.	WORKPLACES—visits	1
11.	RATS AND MICE INFESTATIONS—visits	94
12.	DEPOSITED PLANS—Number examined	3,628
13.	DISEASE OF ANIMALS ACTS—visits	94
14.	ANIMAL BOARDING ESTABLISHMENTS—visits	29
15.	RIDING ESTABLISHMENTS—visits	13
16.	PET SHOPS—visits	66
17.	WATER SUPPLIES (other than Corporation mains supplies)—Number of visits	5
18.	SWIMMING BATHS—visits	52
	No. of samples to Public Health Laboratory	54
	No. of orthotolidine tests by public health inspectors	49

19	Caravan Sites and Control of Development Act, 1960—visits ...	62
20.	Noise Nuisance—visits	109
21.	Rag, Flock and Other Filling Materials Act, 1951—visits	5
22.	Prosecutions Taken	15
23.	Attendances at Court	19
24.	Miscellaneous Letters Sent	13,103
25.	Miscellaneous Visits	12,303
26.	Town Clerk's Property Enquiries Dealt with	7,512
27.	Public Health Act, 1936—Section 23	
	(*a*) Public Sewers cleansed	428
	(*b*) Houses affected	1,587

Defects remedied as the result of informal and statutory notices:—

Public Health Act, 1936

Section 24.	Public sewers	7
Section 39.	Cesspools	1
	Drains	272
	Eaves spouts	432
	Rainwater pipes	80
	Sinks	38
	Sinkwaste pipes	97
	Soilpipes	11
Section 45.	Waterclosets repaired	369
Section 56.	Paving of courts, yards, passages	60
Section 83.	Filthy and verminous premises	128
	Notices served	—
Section 84.	Cases of filthy and verminous articles in premises	22
	Certificates issued	88
Section 93.	Roofs	473
	Chimneys and flues	78
	Doors	104
	Windows	291
	Floors	112
	Wallplaster	191
	Ceiling plaster	219
	Staircases	21
	Fireplaces	32
	Damp walls	577
	Accumulations or deposits	168
	Absence of water supply (disrepair)	54

Sheffield Corporation Act, 1937

Section 52.	Choked drains cleansed (24 hours' notice)	292

Public Health Act, 1961

Section 22.	Choked drains cleansed	427

Canal Boats—

Visits paid to canal	74
Inspections of canal boats	5
Canal boats registered in City	—
Persons found living on board at times of inspection—	
Males over 15 years of age	9
Females over 15 years of age	—
Children between 5 and 15 years of age	—
Children under 5 years of age	—
Average number of occupants per boat	1·8
Infringements found relating to 3 inspections of boats	3
Informal Notice to owners regarding infringements	1
Informal Notices complied with	1
Notices served	1
Notices complied with	1
Legal proceedings instituted	—
Cases of infectious diseases on board	—
No. of boats detained for cleansing or disinfecting	—

Houses in Multiple Occupation

	1969	
Total visits	2,131	(18,387)
Management Orders made (Section 12)	3	(118)
Notices under Section 14 (Management)	—	(3)
Notices requiring amenities (Section 15)	65	(434)
Notices requiring means of escape from fire (Section 16)	53	(374)
Directions limiting occupancy (Section 19)	11	(129)
Notices to abate overcrowding (Section 90, 1957 Act)	—	(4)
Notices (Section 15) Complied with	33	(202)
Notices (Section 16) Complied with	23	(158)
Works in progress (Sections 15 and 16)	69	(—)
Houses ceased to be multi-occupied after inspection	29	(170)
Legal proceedings (total of Section 13 and 14 offences)	—	(168)
Legal proceedings (Section 15 offences)	—	(6)
Legal proceedings (Section 16 offences)	—	(6)
Total fines	—	(£899)

(Figures in brackets are totals since the Housing Regulations, 1962, came into force)

Offices, Shops and Railway Premises Act, 1963

The particulars required under Section 60, for the year ended 31st December, 1969, are as follows:—

Class of Premises	*Number of premises registered during the year*	*Total number of registered premises at end of year*	*Number of registered premises receiving a general inspection during the year*
REGISTRATIONS AND GENERAL INSPECTIONS			
Offices	104	1,838	789
Retail shops	119	3,263	1,821
Wholesale shops, warehouses	18	363	126
Catering establishments open to the public, canteens	14	502	176
Fuel storage depots	—	2	4
	255	5,968	2,916

Number of visits of all kinds by inspectors to registered premises 7,584

	Class of Workplace	*Number of persons employed*
ANALYSIS BY WORKPLACE OF PERSONS EMPLOYED IN REGISTERED PREMISES	Offices	21,402
	Retail Shops	17,842
	Wholesale departmets, warehouses	3,666
	Catering establishments open to the public	4,882
	Canteens	584
	Fuel storage depots	26
	TOTAL	48,402
	TOTAL MALES...	19,247
	TOTAL FEMALES	29,155

EXEMPTIONS: No applications for exemption were made

PROSECUTIONS: Number of prosecutions instituted during the period... 1 premises
2 Informations laid
2 Informations led to convictions

Number of complaints (or summary applications) made under Section 22 ... ... Nil

Number of Interim Orders granted ... ... Nil

STAFF: Number of inspectors appointed under Section 52(1) or (5) of the Act ... ... 37 (28 public health inspectors and 9 technical assistants)

Number of other staff employed for most of their time on work in connection with the Act ... ... 2 clerks and five shorthand typists who are employed for approximately 20% of their time on work connected with the Act

Reported Accidents

Workplace	*Numbers Reported*		*Total No. investigated*	*Action Recommended*			
	Fatal	*Non Fatal*		*Prosecution*	*Formal warning*	*Informal advice*	*No action*
Offices	—	18	11	—	—	—	18
Retail Shops ...	—	101	65	—	2	11	88
Wholesale shops, warehouses ...	—	20	8	—	1	1	18
Catering establishments open to the public, canteens	—	45	19	—	—	4	41
Fuel storage depots	—	—	—	—	—	—	—
TOTALS ...	—	184	103	—	3	16	165

Analysis of Reported Accidents

Cause of Accident	*Offices*	*Retail Shops*	*Wholesale Warehouse*	*Catering establishments open to public, canteens*	*Fuel storage depots*
Machinery	—	5	—	—	—
Transport	—	3	2	—	—
Falls of persons	6	22	1	15	—
Stepping on or striking against object or person	6	15	1	7	—
Handling goods	5	37	15	17	—
Struck by falling object	—	4	—	2	—
Fires and explosions	—	—	—	—	—
Electricity	—	—	—	—	—
Use of hand tools	—	8	1	—	—
Not otherwise specified	1	7	—	4	—
TOTALS	18	101	20	45	—

INSPECTIONS UNDER THE FACTORIES ACT, 1961

1. Inspections for purposes of provision as to health.

Premises	*Number on Register*	*Number of*		
		Inspections	*Written Notices*	*Occupiers Prosecuted*
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by local authorities	99	12	3	—
(ii) Factories not included in (i) in which Section 7 is enforced by local authority	2,618	521	60	—
(iii) Other premises in which Section 7 is enforced by the local authority (excluding out-workers' premises) ...	167	55	4	—
TOTALS	2,884	588	67	—

2. Cases in which defects were found.

Particulars	*Number of cases in which defects were*				*Number of cases in which prosecutions were instituted*
	Found	*Remedied*	*Referred To H.M. Inspector*	*Referred By H.M. Inspector*	
Want of cleanliness (S.1)	1	—	1	—	—
Overcrowding (S.2)	—	—	—	—	—
Unreasonable temperature (S.3)	1	1	—	—	—
Inadequate ventilation (S.4)	—	1	—	—	—
Ineffective drainage of floors (S.6)	—	—	—	—	—
Sanitary conveniences (S.7)					
(*a*) Insufficient	7	5	—	2	—
(*b*) Unsuitable or defective	91	59	—	6	—
(*c*) Not separate for sexes	2	1	—	—	—
Other offences under the Act (not including offences relating to outwork)	—	—	1	—	—
TOTALS	102	67	2	8	—

Food Hygiene

Details of Food Premises subject to the Food Hygiene (General) Regulations, 1960

Type of Food Premises	*No. of premises* (i)	*No. of premises fitted to comply with Regulation* 16 (ii)	*No. of premises to which Regulation* 19 *applies* (iii)	*No. of premises fitted to comply with Regulation* 19 (iv)
1. Restaurants, cafes and snack bars	272	271	272	272
2. Canteens (factories, offices and shops)	242	242	242	242
3. Hotels	35	35	35	35
4. School canteens	163	163	163	163
5. Hostels	37	37	37	37
6. Boarding houses	26	26	26	26
7. Institutions	27	27	27	27
8. Public houses	542	535	542	542
9. Clubs	131	130	131	131
10. Food factories	169	168	169	169
11. Butchers' shops	443	396	443	441
12. Wet fish shops	87	83	87	87
13. Fried fish shops	236	208	236	226
14. Other food shops (wholesale and retail)	1,912	1,608	1,871	1,792
TOTALS	4,322	3,929	4,281	4,190

Air Pollution

SOLID MATTER DEPOSITED AT COLLECTING STATIONS DURING THE YEAR 1969

(*Milligrammes per square metre per day*)

Month	*Attercliffe*	*Firth Park*	*Fulwood*	*Sewage Works*
January	259	129	214	N.R.
February...	342	274	202	N.R.
March	332	226	299	N.R.
April	319	210	200	N.R.
May	278	184	141	N.R.
June	263	157	118	N.R.
July	220	144	102	N.R.
August	178	135	110	206
September	153	136	100	246
October	190	122	115	233
November	355	247	N.R.	N.R.
December	222	115	100	249
TOTALS	3,111	2,079	1,701	934
AVERAGES	259	173	155	233

Sulphur Determination by the Lead Peroxide Method at Stations during the Year 1969

(*Milligrammes per* 100 *square centimetres per day*)

Month	*Attercliffe*	*Firth Park*	*Sewage Works*	*Tinsley*	*Weston Park*	*Wincobank*
January	3·53	2·93	N.R.	2·51	1·66	2·79
February	4·19	2·61	N.R.	3·20	2·86	2·89
March	4·52	2·25	N.R.	2·67	2·47	2·57
April	1·84	2·17	1·25	3·00	1·79	2·28
May...	4·00	1·73	2·06	2·28	1·48	1·76
June...	3·14	1·84	1·79	3·48	1·49	1·32
July	2·65	1·27	1·50	3·79	0·95	1·13
August	2·13	1·30	1·26	1·19	1·07	1·09
September	2·77	1·79	2·25	2·01	1·88	1·42
October	3·24	2·29	3·10	2·42	1·61	1·85
November	3·77	2·31	2·47	3·00	1·75	2·61
December	4·15	2·97	3·11	2·89	2·22	3·12
TOTALS	39·93	25·46	18·79	32·44	21·23	24·83
AVERAGES	3·33	2·12	2·08	2·70	1·77	2·07

Monthly Averages of Smoke (Volumetric) at Ten Stations during the Year 1969

(*Microgrammes per cubic metre*)

Month	*Surrey Street*	*Park County*	*Newhall Road*	*Ellesmere Road*	*Pye Bank C.S.*	*St. Stephen's*	*Milton Street*	*Sharrow Lane*	*Manor Clinic*	*Turton Platts Wincobank*
January	72	181	217	200	105	84	95	78	92	169
February...	77	179	201	228	109	103	97	82	99	128
March	102	209	239	274	144	129	104	93	105	143
April	62	94	126	148	63	46	51	45	47	78
May	44	58	92	112	52	44	50	45	44	65
June	27	34	55	58	28	24	31	26	26	46
July	18	27	38	29	18	9	13	12	14	32
August	31	47	45	48	36	31	30	23	31	42
September	35	41	59	81	39	34	35	23	32	61
October	28	80	117	118	71	65	65	44	58	113
November	63	69	124	110	68	48	42	35	51	106
December	116	95	161	199	94	68	80	60	83	149
TOTALS	675	1,114	1,474	1,605	827	685	693	566	682	1,132
AVERAGES	56	93	123	134	69	57	58	47	57	94

Monthly Averages of SO_2 (Volumetric) at Ten Stations during the Year 1969

(*Microgrammes per cubic metre*)

Month	*Surrey Street*	*Park County*	*Newhall Road*	*Ellesmere Road*	*Pye Bank C.S.*	*St. Stephen's*	*Milton Street*	*Sharrow Lane*	*Manor Clinic*	*Turton Platts Wincobank*
January	183	292	292	175	153	109	172	98	121	285
February...	203	344	276	191	155	105	220	103	144	215
March	295	357	344	276	232	198	280	179	188	255
April	200	241	225	170	156	117	179	95	119	190
May	151	134	218	158	139	129	155	94	116	180
June	129	117	194	150	136	106	116	80	100	166
July	89	87	168	124	124	71	81	56	84	118
August	112	100	126	121	118	94	102	66	98	112
September	130	94	140	140	121	91	121	72	109	136
October	158	127	330	211	179	145	143	102	123	194
November	156	120	272	156	162	112	165	78	107	189
December	263	194	281	231	235	194	256	162	184	261
TOTALS	2,069	2,207	2,866	2,103	1,910	1,471	1,990	1,185	1,493	2,301
AVERAGES	172	184	239	175	159	123	166	99	124	192

Smoke and Sulphur Determination by the Volumetric Method at Ten Sheffield Stations

Six Years—1964–1969

(*Average per year—Microgrammes per cubic metre*)

	Year	*Surrey Street*	*Park County*	*Newhall Road*	*Ellesmere Road*	*Pye Bank*	*St. Stephen's*	*Milton Street*	*Sharrow Lane*	*Manor Clinic*	*Turton Platts*
SMOKE	1964	90	155	218	234	130	126	194	229	166	164
	1965	77	92	186	206	106	100	116	178	121	141
	1966	68	99	154	166	88	82	101	122	84	120
	1967	71	95	141	137	66	55	105	95	62	104
	1968	69	106	138	149	75	61	79	74	67	101
	1969	56	93	123	134	69	57	58	47	57	94
SULPHUR	1964	213	172	281	148	200	127	255	95	147	180
	1965	178	145	221	158	171	107	184	87	117	177
	1966	145	121	189	146	143	86	160	77	90	175
	1967	167	152	216	148	140	120	173	85	96	178
	1968	181	190	226	175	135	122	166	96	100	196
	1969	172	184	239	175	159	123	166	99	124	192

Food Condemned as Unfit for Human Consumption during the Year 1969

Description	Quantity	Tons	Cwts.	Qrs.	Lbs.	Description	Quantity	Tons	Cwts.	Qrs.	Lbs.
Canned goods	32,081	—	—	—	—	Margarine	—	—	—	—	8
Aspirin tablets	36 doz. bottles	—	—	—	—	Meat and fish paste ...	3 jars	—	—	—	—
Bacon and ham	—	—	18	1	18	Meat and meat products	—	6	5	2	20
Biscuits	—	—	—	—	1	Milk	2 galls.	—	—	—	—
Bread, cakes and pastry ...	—	—	5	2	20	Mousse	42 galls.	—	—	—	—
Butter	—	—	2	—	8	Nuts	—	—	—	2	4
Cereals	—	—	—	—	27	Pepper	—	—	—	—	12
Cheese	—	—	2	—	24	Pickles and sauces ...	110 jars	—	—	—	—
Coconut	—	—	2	2	20	Poultry and game ...	—	1	12	3	2
Coffee	2 jars	—	—	—	—	Preserves	—	—	—	—	11
Cream	1 gallon	—	—	—	—	Rabbits	—	—	1	3	10
Drinking chocolate ...	—	—	—	—	3	Rice	—	—	8	3	20
Fish	—	7	16	—	26	Shellfish	73 jars	—	—	—	—
Flour	—	—	—	2	6	Shellfish	—	—	11	2	20
Fruit	—	5	17	2	19	Soft drinks	4 galls.	—	—	—	—
Fruit (dried)	—	—	4	1	8	Soup	22 pkts.	—	—	—	—
Fruit (juice)	3 galls.	—	—	—	—	Sugar	—	—	—	1	25
Ice cream	90 galls.	—	—	—	—	Sweets and confectionery...	—	—	1	3	23
Jellies	—	—	1	—	7	Tapioca	—	—	1	—	—
Lard	—	—	—	—	8	Vegetables	—	12	9	3	25
Lollies	—	—	—	—	2						

The total weight of food condemned and destroyed was 59 tons 1 cwt. 1 qr. 9 lbs.

DETAILS OF CANNED GOODS DESTROYED

Commodity	Number of Cans
Fish	1,358
Fruit	14,607
Meat	5,105
Milk	913
Soup	1,534
Vegetables	6,777
Miscellaneous	1,787
Total	32,081

Meat Inspection

CARCASES AND OFFAL INSPECTED AND CONDEMNED IN THE CITY DURING THE YEAR, 1969

Animals slaughtered and Disease Conditions found	*Condemnations*			
	Carcases		*Offal*	
	Total	*Partial*	*Total*	*Partial*
Adult Cattle				
Number slaughtered 51,912				
Actinobacillosis (mycosis)	1	6	1	126
Bruising	4	48	4	—
Cysticercosis (C. bovis)				
(*a*) Rejected	2	—	2	306
(*b*) Refrigerated	306	—	—	306
Echinococcosis	—	—	—	488
Emaciation	—	—	—	—
Fascioliasis (fluke)	—	—	—	18,994
Hepatic abscess	—	—	—	2,947
Johne's disease	6	3	6	21
Mastitis	9	3	9	3,423
Peritonitis	8	12	8	1,592
Pneumonia and/or pleurisy	8	9	8	4,158
Septicaemic conditions/fever	8	—	8	—
Telangiectasis	—	—	—	1,054
Tuberculosis	—	—	—	5
Tumours	2	2	2	1
Other conditions	46	112	46	3,323
Calves				
Number slaughtered 983				
Bruising	—	—	—	—
Emaciation	—	—	—	—
Immaturity	10	—	10	—
Joint-ill or navel-ill	4	—	4	—
Septicaemic conditions/fever	—	—	—	—
Tuberculosis	—	—	—	—
Other conditions	8	3	8	—
Pigs				
Number slaughtered 133,364				
Abscess	101	1,010	101	145
Arthritis	97	583	97	—
Ascariasis (milk spot)	—	—	—	9,412
Bruising	2	145	2	8
Echinococcosis	—	—	—	8
Emaciation	2	—	2	—
Jaundice	3	—	3	—
Pneumonia and/or pleurisy	56	456	56	26,242
Pyaemia	87	—	87	—
Septicaemic conditions/fever	20	—	20	—
Swine erysipelas	10	21	10	5
Tuberculosis	2	—	2	502
Tumours	1	6	1	—
Other conditions	138	259	138	11,537
Sheep				
Number slaughtered 117,620				
Abscess	5	37	5	—
Arthritis	8	135	8	—
Bruising	6	26	6	—
Cysticercus ovis	5	—	5	469
Echinococcosis	—	—	—	2,189
Emaciation	—	—	—	—
Fascioliasis (fluke)	—	—	—	23,743
Jaundice	—	—	—	—
Pneumonia and/or pleurisy	32	82	32	5,206
Pyaemia	5	—	5	—
Septicaemic conditions/fever	1	—	1	—
Tumours	7	4	7	—
Other conditions	229	85	229	5,150

Animals Slaughtered and Inspected in the City in the Year 1969

Where Slaughtered	*Oxen*	*Calves*	*Sheep and Lambs*	*Goats*	*Pigs*	*Horses*	*Totals*
Abattoir main slaughterhalls	51,181	982	108,712	1	133,362	—	294,238
do. (Jewish method) ...	355	—	1,465	—	—	—	1,820
do. (Mohammedan method)	—	—	7,256	—	—	—	7,256
Isolation Slaughterhall ...	57	1	1	—	2	—	61
Totals (abattoir) ...	51,593	983	117,434	1	133,364	—	303,375
Totals (private slaughterhouses) ...	319	—	186	—	—	67	572
TOTALS ...	51,912	983	117,620	1	133,364	67	303,947

Total Weight of all Meat Found to be Unfit for Human Consumption in the Animals Slaughtered and Inspected in the Year 1969

	MEAT								*OFFALS*								*TOTALS*			
	Affected with Tuberculosis				*Affected with other diseases*				*Affected with Tuberculosis*				*Affected with other diseases*							
	T	*C*	*Q*	*L*	*T*	*C*	*Q*	*L*	*T*	*C*	*Q*	*L*	*T*	*C*	*Q*	*L*	*T*	*C*	*Q*	*L*
Cattle	—	—	—	—	20	6	1	27	—	—	1	18	180	5	1	9	200	12	—	26
Calves	—	—	—	—	—	8	—	1	—	—	—	—	—	5	—	22	—	13	—	23
Sheep	—	—	—	—	6	5	3	11	—	—	—	—	41	13	2	7	47	19	1	18
Pigs	—	2	1	10	32	19	1	12	2	7	—	9	81	3	2	1	116	12	1	5
Horses	—	—	—	—	—	—	1	17	—	—	—	—	—	6	—	22	—	6	2	11
TOTALS	—	2	1	10	60	—	—	12	2	7	1	27	303	13	3	5	366	3	2	27

GENERAL

Meteorology during 1969. Records taken at Weston Park

(430 feet above sea level)

Month	*Highest Maximum Temperature*	*Lowest Minimum Temperature*	*Mean Temperature*	*Lowest Ground Minimum*	*Rain Inches*	*Rain Days*	*Sunshine Hours*	*Snow Lying Days*
January ...	55·6	29·5	42·1	21·9	3·34	14	28·8	—
February...	45·2	19·2	32·7	14·0	3·97	19	63·5	22
March ...	52·4	25·5	36·4	18·2	4·71	14	48·1	20
April ...	68·1	30·5	45·1	23·0	3·00	16	147·5	—
May ...	67·2	34·0	52·5	31·3	3·90	23	99·2	—
June ...	75·7	38·2	57·6	29·6	2·41	12	253·4	—
July ...	85·5	48·1	62·9	41·0	2·07	10	227·3	—
August ...	81·4	45·0	61·1	42·1	1·91	15	129·0	—
September	72·9	41·1	56·9	34·0	1·53	14	75·4	—
October ...	76·6	41·2	54·9	36·1	0·96	12	76·9	—
November	59·2	26·2	40·8	16·9	6·44	19	65·0	6
December	53·3	28·3	39·1	20·1	2·86	17	30·5	1

General Information

Total rain inches 37·10
Total rain days 185
Total sunshine hours 1,244·6
Total snow lying days 49

A severe winter and a warm summer made 1969 a year of contrasts. The mean temperatures for January, February and March were the lowest for eight years, and the number of days with snow lying has not been equalled since 1963.

The year's highest temperature of 85·5°F has not been exceeded since August, 1955. The sunshine total for June, July and August of 609·7 hours was the highest since 1959, and the reading of 15·75 hours on June 8th was the highest daily figure since our records began in 1883.

Notification of Arrival of Immigrants.—The scheme, commenced in 1965, whereby Medical Officers of Health are notified of immigrants proceeding to their areas, continued during the year. It should be borne in mind, however, that many women and children are admitted without entry certificates so that information regarding them is not received in the area to which they are travelling. Below is given a summary of arrivals during 1969 according to the countries where passports were issued and also an indication of successful visits by the health visitor.

Arrivals During 1969

Country where passport was issued	*Number of advice slips received during quarters ended*					*No. of successful visits*
	31st March	*30th June*	*30th September*	*31st December*	*Total*	
Commonwealth Countries						
Caribbean ...	13	11	23	13	60	58
India	8	5	7	6	26	16
Pakistan	87	60	63	52	262	226
Other Asian ...	1	—	—	—	1	—
Africa	—	2	—	1	3	2
Other	3	10	9	18	40	29
Non-Commonwealth Countries						
European ...	1	1	4	—	6	6
Others	3	4	7	6	20	17
TOTALS	116	93	113	96	418	354

Vagueness and inaccuracies in the given addresses account for the unsuccessful visits in most cases.